



Grayhawk Prosthodontics, P.C.
Financial and Insurance Policy

Thank you for choosing our office for your dental specialist needs. We are committed to your successful treatment. The following is a statement of our Financial and Insurance Policy. We consider to be a very important part of your treatment. We require you to read and sign this document prior to any dental treatment completed.

Payment Arrangements:

Payment in full is rendered at the time of service. Nonpayment, payment reversal, returned items or other default of these terms will result in bank, and/or collection fees assessed to your account. Any unpaid amounts remaining on your account after 30 days will result in a service charge of 1.5% per month.

Cancellation Policy:

We ask for at least **3 business days** advance notice for canceling or rescheduling an appointment; otherwise, a fee of \$65 may be assessed to your account. For scheduled appointments over 1 hour, a total of \$150 per hour will be assessed to your account.

Regarding Insurance:

We will not submit any claims or have any communication with your dental insurance. Your policy is a contract between you and your insurance company, as our office is not contracted with any insurance companies.

Any disputes or issues regarding the benefits with insurance companies will not be handled by our office

I have read the Financial and Insurance Policy. I understand and agree to the terms.

Patient/ Responsible Party

Date