



## **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 this to be a very important part of your treatment. We require you to read and sign this document prior to having any dental treatment in our office.

### **Payment Arrangements:**

Payment in full at the time of service is expected, unless a written agreement is in place and signed prior to rendered treatment. Please note that once treatment has started, no refunds will be given. 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.

### **Financial Policy for Appointments and Cancellations:**

To ensure the best service for all our patients, we kindly ask for at least 3 business days' notice if you need to cancel or reschedule an appointment. Cancellations or reschedules made with less than 3 business days' notice will incur a fee. Failure to attend a scheduled appointment will also result in a fee or forfeiture of any deposit paid.

Fees for missed or rescheduled appointments are as follows:

- **\$150 per hour** for appointments with our doctors.
- **\$95 per hour** for hygiene appointments.

### **Regarding Insurance:**

We are happy to assist you with submitting claims to your dental insurance based on the information you provide. Please note that your insurance policy is a contract between you and your insurance company. Our office does not have direct contracts with any insurance providers.

We will submit electronic claims on your behalf. If a claim requires paper submission, we will print it for you to mail directly to your insurance company. Benefits will be assigned to you, meaning any payments from the insurance company will be sent directly to you.

Please be aware that due to insurance filing deadlines, we cannot submit or resubmit claims more than 3 months after the date of service. Additionally, any disputes with your insurance company regarding benefits must be handled by you, as our office does not manage these matters.

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

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**Patient/ Responsible Party**

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**Date**