

FINANCIAL POLICY, INSURANCE AND AGREEMENT

In an effort to provide you with quality dental care; we have expanded our payment policy. We will use our expertise to help you obtain the maximum benefits from your insurance policy. We expect full payments when services are rendered unless prior arrangements are made.

PLEASE SELECT DESIRED PAYMENT METHODS

- Payment by Cash or Check*
- Payment by Credit Card (Visa/MasterCard) at time of service.
- Automatic billing to your Visa/MasterCard if a payment plan has been approved.
- *Uninsured patients may receive a 5% payment in full discount.

INSURANCE: We will file your insurance claims. You are expected to pay in full if we cannot verify your insurance coverage at the time of service. We will gladly issue a refund or credit once dental insurance is confirmed, billed and we have received payment. If insurance is billed at time of service, any balance or deductible not covered by insurance will accrue a monthly finance charge of 1% after 30 days. (Please note: payment in full discounts and senior discounts may not be applied to unpaid insurance balances.)

CHARGES: You will be responsible for all insurance deductibles, patient co-payments, the remaining balance of charges not paid by insurance within 30 days, broken appointment fees and any outstanding balance on your account which includes any dependants for all services rendered by Dr. Greg Ganzkow DDS.

There is a monthly interest of 1% (12% annually) for all unpaid balance after 30 days from the date of service.

BROKEN APPOINTMENTS: *We reserve the right to charge \$150.00 per half hour for all failed appointments without 24hrs prior notice.* For appointments two hours or longer, we need to be notified 48hours prior. We understand that emergencies do occur without notice, so to avoid a billing for the Doctor's lost time, please call our office immediately and discuss the situation with our office manager. Please specify the best phone number on your patient registration chart for appointment reminder calls. Monday appointments will be called the previous Thursday. Tues/Wed/Thurs appointments will receive a call the previous afternoon.

PLEASE SIGN TO ACKNOWLEDGE OUR OFFICE FINANCIAL POLICY

I assign my insurance benefits to the provider listed above. I understand that this form is a valid financial agreement. I certify that I have read and understand the above information and that I have been given a copy of this agreement and the credit card authorization agreement if applicable.

Signature of
Patient/Guarantor _____ Date: _____

Print Name: * _____