

GWINNETT FAMILY DENTAL CARE

3455 Lawrenceville Hwy.
Lawrenceville, GA 30044
(770) 921-1115

PLEASE READ THIS PAGE CAREFULLY AND COMPLETELY.

I understand that I am financially responsible for all charges. ***PAYMENT IS EXPECTED AS SERVICES ARE RENDERED.*** We accept cash, check, Master Card, Visa or up to 12 monthly payments interest free with prior approval.

I understand that the treatment plan and fees given to me at any time are only guaranteed for 30 days. 48 hours notice is required to change an appointment or a broken appointment fee may result.

ABOUT YOUR INSURANCE:

INSURANCE ALERT!! The majority of insurance companies will not pay 100% of dental fees. You, as the patient or guardian of the patient, are responsible for the financial difference. ***If you want a PRE TREATMENT ESTIMATE-FROM YOUR INSURANCE COMPANY, PLEASE ASK THIS OFFICE TO FILE ONE PRIOR TO TREATMENT.*** Please note that it is not uncommon for an insurance company to not pay their portion of your dental bill as promised to you and your dental provider. Insurance companies often are not truthful with both patients and doctors on what they will or will not pay. Reviewers, who are not even medical/dental professionals, often decline dental claims submitted in good faith. These individuals are often paid a commission for each claim declined. Insurance companies are concerned with one thing, making money. They are not concerned with what you, as the patient needs to be healthy; their only concern is making profits. Should this be the case with your insurance company, you the patient are responsible for all costs incurred that your insurance refuses to pay. Should any patient wish to speak with a representative of their company, we will gladly assist with any contacts we may have with your insurance company. Should you wish to file a complaint about your insurance company to the Georgia Insurance Commissioner's Office, we will assist in any way possible.

But please remember that ***YOU ARE RESPONSIBLE FOR PAYMENT.*** Remember, too, that no insurance company will cover ***ALL*** dental cost. It is your responsibility to pay deductible, co-insurance, or other balance not paid for by your insurance company. If your insurance does not pay within 30 days the account will automatically begin to accrue interest. This will be noted on your monthly statements. Let us know if there is a problem that you are aware of with your claim status, so we can help you resolve it as soon as possible. (Some insurance companies are just slow to pay.) ***In the event that your insurance company does not acknowledge your claim within 45 days, you will be responsible for the balance in full.*** We will provide you with all necessary documentation that will aid you in recovery of your benefits. ***Your insurance is an agreement between you and the insurance company only. We prepare and send your insurance claims as a service to our patients. We try to make insurance as simple and convenient for you as possible in this way.***

I understand that in the event that my account becomes 30 days past due and is turned over to United Collection Firm of Georgia, Inc. that I will be responsible for all collection expenses incurred.

Thank you,

Gwinnett Family Dental Care

(Your signature)

Date: _____