GREENWOODDENTALSMILES
MARK GLEIXNER, DDS | BEN DIEKHOFF, DDS

Financial Policies

Greenwood Dental Smiles accepts several forms of payment for dental treatment provided at this office: Cash, debit card, personal check, business check (by an authorized person) credit card (MasterCard, Visa, Discover, American Express), and Care Credit payment plans. Our office also offers electronic payments via text message or as a link on our electronic statements.

Dental Insurance: Understanding your insurance coverage can be quite a challenge. Our goal is to provide reasonable assistance to help you maximize your benefits. Most dental insurance excludes coverage for some services, uses restricted fee schedules for most services, and can decline payment based on any number of policy restrictions and limitations. All such restrictions and limitations are based on the premium paid by your employer for the coverage, not on our fees or the treatment we recommend. We encourage you to become familiar with your policy: its coverage, exclusions, deductibles and maximums. We will recommend treatment appropriate to your dental needs regardless of your insurance status.

Our courtesy service to our insured patients includes:

1) Filing your claims promptly and requesting that payment be sent directly to us.
2) Following American Dental Association guidelines for claims coding and filing.
3) Estimating your benefits to the best of our ability. Most insurance companies will not provide us with detailed information about your coverage, so any insurance figures we provide you are only estimates!

Our expectations of you as the insured patient and/or owner of the policy:

1) You will pay, at the time of treatment all fees not estimated to be covered by your insurance.
2) You will assume responsibility for any amounts expected from your insurance company but not received within 30 days after treatment has been performed and the claim submitted. Please understand that the insurance policy belongs to you and we have no leverage to obtain payment from your insurance company.
3) You may authorize us to charge any unpaid amounts to your credit card 30 days after we request payment from you, if payment has not been received. (Exceptions noted below.)

I hereby authorize Greenwood Dental Smiles to release to my insurance company any information acquired in the course of my dental care. I authorize benefits to be paid directly to Greenwood Dental Smiles. I understand I am responsible for all fees incurred, regardless of the status of insurance. I understand that treatment cannot be completed until fees are paid or a financial agreement is completed (e.g., crowns will not be cemented, dentures will not be placed). authorize I understand that interest charges of 1.5% per month will accrue on balances older than 90 days and a re-billing charge of $5.00 will be added to statements after the first one. I also understand that fees incurred as a result of a returned check or costs of collection will be added to your account.

Responsible Party:

_____ _____

Signature Date

Billing address (if different from patient address): _____

What family members are covered by this agreement? _____