

# GATEWAY DENTAL & ORTHODONTICS

## A NOTICE TO OUR PATIENTS REGARDING OUR OFFICE POLICY

In an attempt to keep our patients informed and to insure proper reimbursement for services rendered, we ask that you carefully read the following instructions. If you have any questions please see one of our front desk associates. By working closely together towards this goal we can provide you with better dental care and avoid confusion in the future.

**Insurance Coverage:** We are participating providers with numerous insurance companies. This does change periodically. Therefore you may wish to inquire as to our participation with your particular plan. By signing the necessary forms at the time of your registration we can file your insurance claims for you. Advise us of any and all dental coverage you may have. Please be aware that as dental providers, our relationship is with you and not your insurance company. **Problems relating to your coverage should be handled between you and your carrier.** It is the patient's responsibility to be informed as to what your insurance plan will and will not cover! Please inform us immediately of any changes to your insurance coverage. You are responsible for providing credible legal proof of insurance, ex: insurance card and or a Government issued identification card.

**Payment:** From the information given by your insurance company we will to the best of our abilities, calculate the patient portion owed for services rendered or proposed. The patient portion is only an estimate. We will bill you any additional fees. **The patient portion is due at the time services are rendered.** We will not adjust charges or diagnosis codes after services are rendered. If your insurance carrier denies payment, it is our policy that payment must be made with in 60 days. We will bill you for charges allowed, but not paid by your insurance plan. Accounts over 90 days past due will be turned over to collections or an attorney for legal action. Charges associated with these actions will be the responsibility of the patient.

**Cancellations:** We ask for 24 hours notice for cancellations. **IT IS YOUR RESPONSIBILITY TO NOTIFY THE OFFICE WHEN YOU ARE UNABLE TO KEEP YOUR APPOINTMENTS!!!** There will be a \$50.00 charge for appointments broken, not shown up for, changed, cancelled, rescheduled or moved with out 24 hour notice. The "No Show" charge is not reimbursable by your insurance.

**Scheduled Appointment Times:** We schedule appointments for a set amount of time based on how long it takes to perform each procedure. In order for you to receive the best possible care you must be here and ready for your appointment at the scheduled time. Being late or unprepared could result in not receiving all the services planned for appointment or even having the appointment rescheduled for another time.

**Fillings:** This practice does not use Amalgam (metal) for fillings. We use composite (white, tooth colored) fillings also known as Resin. This is important to you because many insurance plans do not cover resin fillings especially on posterior teeth. This is regulated by your employer, not us or the insurance company. With most plans, if there is no resin coverage the insurance will pay their portion based on the amalgam price. The patient will be responsible for their portion of this plus the difference up to the resin filling. Many plans still allow for the benefit of the fee schedule, but there are a few that will make the patient responsible up to our submitted fee.

To Recap:

1. Your insurance coverage is between you and your insurance carrier.
2. Patient portions are due at the time services are rendered.
3. We have a \$50 No Show fee.
4. Be on time and ready for your appointments.
5. We only use resin/composite fillings in this office NO AMALGAM.

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Patients Name/s

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Parent/Guardian Signature

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Date