

## Treatment Agreement

All recommended treatment options will be in the best interest of your health. We cannot base our treatment recommendations on your dental insurance coverage. We will make our best effort to ensure you understand your treatment options (and the associated diagnoses) prior to the initiation of treatment. We will discuss all financial options for your treatment prior to service. If you have dental insurance, you may request that we send a pre-authorization prior to service. It is your right to deny any or all recommended treatment. However, if your refusal of treatment would force us to practice below a reasonably acceptable standard of care, we may terminate our doctor-patient relationship.

We require a parent/legal guardian to provide consent for treatment of a minor. An adult is required to accompany minors to their appointments. The listed responsible financial party is required to pay all deductibles, co-pays and estimated balances before or at the time of service, unless other financial arrangements have been made ahead of time.

## Appointment Agreement

Out of respect for our time and our other patients' time, we kindly request a notice of two (2) business days for appointment cancellations or changes. We consider three (3) short-notice appointment changes or cancellations in a 12 month period to be excessive. Such circumstances may require a non-refundable deposit in order to schedule future appointments. Deposits amounts ranging from \$50 to 50% of the scheduled treatment amount will be collected at the time of scheduling. After twelve (12) months, the deposit requirement may be waived as long as no short-notice appointment changes or cancellations have occurred.

## Financial Agreement

We can file dental insurance claims on your behalf with nearly all major dental insurance carriers, even if we are "out of network" with them. An insurance authorization form will need to be completed annually. We will need your current dental insurance card or policy information. We are "in network" with Delta Dental Premier and Wellmark Blue Dental. Based on the policy information supplied by your insurance carrier, we may be able to estimate your benefit amounts for the services listed on your treatment plan. We often file pre-treatment authorizations to assist us in estimating your insurance coverage for some services. However, your insurance company still reserves the right to deny a claim, even if the service has been pre-authorized. Unpaid balances are your responsible financial party's obligation, regardless of your insurance company's claim decision. Insurance deductibles and co-pays are due at the time of service. Discounts are available for balances paid in-full at the time of service. For some services, an initial payment of 50% may be due at the initiation of treatment. A service charge of 1.5 % per month will be applied to unpaid balances that are over 60 days old, unless previous financial arrangements have been made with our financial coordinator.

Payment Options (discounts for payments in-full at the time of service)

Cash (7% discount)

Personal Check (7% discount)

Visa, Mastercard, American Express & Discover (4% discount)

CareCredit: Qualified patients can choose from interest-free options up to 6 months OR fixed-payment loans up to 60 months with interest.

**By checking this box, I acknowledge that I have read, understand, and agree to Gateway Dental Group's Treatment Agreement, Appointment Agreement, and Financial Agreement.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Response Date: \_\_\_\_\_