



Welcome to the office of Grantham Family Dentistry. It is the intention of our staff to provide you with thorough and effective dental care. Please let us know if there is anything we can do to assist you in optimal dental care.

Our office staff strives to make every effort to advise you of your estimated financial responsibility. If at anytime you have any questions about treatment or financial estimates please notify a staff member promptly, as we value an open and honest financial relationship with all of our patients.

Payments accepted:

1. Cash
2. Check
3. Visa/Master Card/ Discover Card
4. Care Credit

Insurance: All co-payments and deductibles are due at time of service.

Grantham Family Dentistry is a contracted provider for Blue Cross Blue Shield, Delta Dental, United Concordia, Southland, Guardian and we participate in a variety of dental insurances that aid in the payment of your dental cost.

Our office can provide you with the service of filing, tracking and auditing your insurance benefits however we do recognize that your dental insurance is an agreement between you and your employer and you are ultimately responsible for all dental fees relating to your care. Please note that regardless of dental insurance coverage, our office relies on you for settling your account.

All patients with no insurance and for emergency patients payment is due in full at time of service.

Treatment Estimates:

Our staff strives to give the closest estimate of treatment financial responsibility based on what information the insurance company provides to us. However, we can file a **pretreatment** claim to your carrier to get a more exact figure. This process usually takes 2-4 weeks. Please feel free to request this service.

If sedation is necessary, a **\$125 deposit** is required to make appointment and will be forfeited if a 24 hour notice of cancellation is not given.

Our office requires you to confirm your appointment.

We reserve the right to release your appointment if not confirmed within 24 hours. Should you need to cancel or reschedule an appointment, please contact our office as soon as possible and **no later than 24 hours prior to your appointment.** If you fail to show for your appointment you will be considered a No Show. If you fail to show a second time, you will be **charged a \$75 fee.** If you fail to show a third time, you may be dismissed from the practice.

We reserve the right to change our fees.

Signature: _____

Date: _____