



Financial Policy, Scheduling of Appointments, and Patient Communications

The Grove Family Dentistry is committed to providing you with the best possible care and helping you achieve your optimum oral health. Toward these goals, we would like to explain your financial and scheduling responsibilities with our practice.

Payment: Payment is due at the time services are rendered. Financial arrangements are discussed during the initial visit and a financial agreement is completed in advance of performing any treatment with our practice. We accept the following forms of payment: cash, checks, American Express, VISA, MasterCard, Discover, and Care Credit.

Dental Benefit Plans: Your dental benefit is a contract between you or your employer and the dental benefit plan. Benefits and payments received are based on the terms of the contract negotiated between you or your employer and the plan. We are happy to help our patients with dental benefit plans to understand and maximize their coverage.

- If we are a contracted provider with your plan, you are responsible only for your portion of the approved fee as determined by your plan. We are required to collect the patient's portion (deductible, co-insurance, co-pay or any amount not covered by the dental benefit plan) in full at time of service.

- If we are not a contracted provider with your dental benefit plan and your plan allows reimbursement for services from out-of-network providers, our practice can file the claim with your plan and receive reimbursement directly from the plan. In this circumstance, you are responsible and will be billed for any unpaid balance for services rendered upon receipt of payment from the plan to our practice, even if that amount is different than our estimated patient portion of the bill.

Scheduling of Appointments: We reserve the doctor and hygienist's time on the schedule for each patient procedure and are diligent about being on time. Because of this courtesy, when a patient cancels an appointment, it affects the overall quality of service we can provide. To maintain the utmost service and care, we do require 48-hour notice to reschedule an appointment. To serve all our patients in a timely manner, we may need to reschedule an appointment if a patient is 15 minutes late or more arriving to our practice.

Voice and Text Messages: I understand brief voice or text messages regarding appointments, treatment, insurance and my account from the dental practice may be left on my preferred phone number.

Email: Except for appointment reminders, we use secure methods to electronically communicate with our patients. Unencrypted email is not a secure form of communication. There is some risk that any individually identifiable health information and other sensitive or confidential information that may be contained in such email may be misdirected, disclosed to or intercepted by unauthorized third parties. However, you may consent to receive unsecured email from us regarding your treatment. We will use the minimum necessary amount of protected health information in any communication. Our first email to you will verify your email address (**check all that apply**).

- I prefer to receive information via the practice's secure communication methods.
- I consent and accept the risk in receiving information via unencrypted email. I understand I can withdraw my consent at any time.
- I consent to receiving appointment reminders via unencrypted email. I understand the minimum necessary information is used in these reminders. I understand I can withdraw my consent at any time.
- I do not consent to receiving any information via email. I understand that I can change my mind and provide consent later.

Patient Acknowledgements

I have read the above and agree to the financial, scheduling and communication terms. _____ INITIALS

A copy of this practice's Dental Materials Fact Sheet has been made available to me. _____ INITIALS

I have been given the opportunity to ask any questions I may have regarding this Fact Sheet. _____ INITIALS

Patient's Name (Please Print)

Patient's Signature (or Guardian)

Date