GATEWAY DENTISTRY
GROUP

Gateway Dentistry Group Protocol and Financial Responsibility

Insurance:

Our office is committed to helping patients maximize their benefits, but treatment recommended is based on what you need not what your benefits cover. Knowing and understanding your contract with your insurance provider will benefit you greatly.
The financial responsibility for services rendered rests with the patient and their family. We cannot guarantee payment or coverage of your treatment by your benefit provider. The patient is responsible for knowing the active / inactive status of their insurance plan. We will file to your insurance plan. Any outstanding balances will be your responsibility.

Failure to clear any outstanding balances may result in patients being sent to a collection agency.

Payment:
We accept Visa, MasterCard, Debit and Cash.
Payments can be made over the phone.

Deposits:
Certain surgical procedures required a deposit to be paid prior to scheduling appointments. This will be discussed in further detail at the consultation.

Refunds:
If the patient has a credit on their account for any reason, the credit on their account will be applied towards any outstanding balances. All deposits will be returned to the cards issued from. Refunds may take up to 30 days to be issued to patients.

Quotes:
Fees quoted to you are estimated. There occasionally may be a clinical condition warranting different treatment and/or fee; the change will be discussed with you prior to continuing treatment if possible. Estimates have expiry dates.

Missed Appointments:
Once an appointment is made time is reserved for you with a specific provider. Please be considerate of our time. Being more than 10 minutes late to an appointment will result in the appointment being canceled and rescheduled. Multiple missed appointments may result in a
deposit being requested before any further scheduling. If there have been multiple instances where a patient has not provided proper notice to change / cancel their reserved appointment, we will be happy to forward your dental information to an office that can better suit your needs.

Minors:
Parents maybe required to attend certain appointments for authorization regarding minors.
We will make every effort to explain your costs to you and avoid any misunderstandings so we can focus on your dental health and making your visit with us as comfortable as possible. If you have any further questions, please feel free to ask.

Privacy:
We are committed to protecting the privacy of our patient's personal information and to utilize all personal information in a responsible and professional manner.

We may:
Send reminders to patients concerning the need for further dental treatment via Cleardent (software program)
Process insurance claims or predeterminations to your insurance company
Open and update patient files
Invoice patients for dental services, to process credit card payments, or to collect unpaid amounts.
Send patient information, material, or updates regarding our dental practice ie: Pandemic closures.

We May Disclose Your Information:
To providers of dental services, i.e. Specialists, dental laboratories, or denturists in order to expedite your dental treatment or receive a second opinion.
To insurance companies, claims adjusters, collection agencies, lawyers and other professional dental/medical billing companies and consultants in connection with processing, verifying, payment posting, or collection of dental claims, or as required by law.

If you have a joint family account, your personal information, including information in connection with products and services provided to you individually under the same account, may be disclosed to all tenants of the joint account (i.e. receipt's, insurance claims), unless stated otherwise. If you have a privacy concern with information being sent to you in any form, you must notify us prior to.

Examinations and X-rays:
During your appointment at our clinic, it may be necessary to take radiographs to complete the examination, diagnosis, and treatment plan. We will do our best, by limiting the number that is required. If you have any concerns with this, you need to notify your provider before any x-rays are taken.

I acknowledge that I have been made aware of the reasons for the disclosure of the above information, and the risks and benefits associated with consenting or not consenting to its release.

I understand that I make revoke my consent at any time, by providing a signed, written statement to Gateway Dentistry Group.

I have read, understood and agree to abide by this agreement. A copy of this document may be obtained upon request.

Print Name:_____

Signature:_____

Date:_____