

GAITHER PERIO INSURANCE AND BILLING CONSENT

Insurance and Billing Practices

Please read the following about our policies regarding billing practices for your dental insurance.

It is your responsibility to:

- Provide Gaither Perio and Dental Implants with accurate information regarding your insurance, employer, date of birth, and social security number to facilitate billing your insurance. This information is included on the Patient Registration Form included in your new patient packet. Gaither Perio and Dental Implants respects your right to privacy and will maintain the confidentiality of your information.
- Understand your insurance benefits regarding which company your dental coverage is through, co-pays, and maximums. If you are not certain about your insurance coverage, please investigate this before you arrive for your appointment. Gaither Perio and Dental Implants accepts payments by cash, check, and all major credit cards. There is a \$30.00 fee for returned checks.
- Pay for any service or procedure not covered by your insurance carrier. Costs for dental services and non-dentally indicated procedures not covered by insurance will be discussed with you before they are performed.
- Obtain insurance referrals from your General Dentist if your insurance requires it. Please check with your General Dentist or your insurance before your appointment to guarantee your referral is in place.
- Have your insurance card or insurance information with you on arrival for your appointment. If you do not have proof of insurance, you will be asked to pay for your visit.
- Pay Gaither Perio and Dental Implants for dental services not paid by your insurance carrier, including claims denied because of information you provided to us was not complete.

It is our responsibility to:

- Submit claims to your insurance carrier for the dental service we provide during your visit.
- Provide your insurance company with the information necessary to determine the dental care you received during your visit.
- Submit claims to your secondary insurance plans at your request. If we do not receive payments within 60 days, we will issue you a bill for the services provided.

If Gaither Perio Dental Implants is not covered due to your insurance policy, you will have to pay for your visit and any services rendered at the time of your appointment. Gaither Perio and Dental Implants offers reasonable rates for patients who pay for dental services on their own.

If you do not pay your bills from Gaither Perio and Dental Implants in a timely fashion, you will be notified in writing and your bill will be referred to an outside collection agency or pursued through legal proceedings. You will be responsible for all costs associated with the collection agency plus the fees owed to us.

Please be courteous and cancel or reschedule any appointments within 24 hours if you are unable to keep your appointment. In the event you have a no-show or call to cancel an appointment within 24 hours of your appointment time, we will request a \$20.00 fee for you to schedule another appointment, this \$20.00 fee will be charged to your credit card when you call for an appointment and apply to your account balance upon arrival for your appointment. In the event you again do not show or cancel our appointment within 24 hours, we will retain this \$20.00 fee as payment for no-show appointment. This fee will not then apply towards your co-payment or account balance at future appointments.

I certify I have read the above information and all my questions answered. I understand and agree to the policies described above. I understand I am responsible for charges not covered by my insurance.

Signature _____ Date _____