



Financial Policy

Your insurance policy is a contract between you and your insurance company. Based on that fact, your insurance company has set the following rules:

1. If you are a member of an HMO or PPO or a traditional insurance plan, you are required to pay a co-payment each time you are seen. This is to be paid upon check-in for your appointment.
2. Though we will provide you with the information given to us by your insurance company please understand that regardless of coverage (what they pay or don't pay) you are responsible for all costs of dental treatment given.

Release of Medical Records:

You are entitled to a copy of your medical records. Upon request of your records, please allow a 2 week notice. Prior to their release, a release form must be signed by the patient or guardian of the patient. We reserve the right to charge up to \$15 per patient before sending or releasing records.

Missed Appointments:

If a patient does not show up for his/her scheduled appointment or does not cancel the appointment with 48 hours notice, this will be entered into the record as a "no show". At our discretion, a "no show" appointment result in a fee for that unused appointment time. After the 3rd "no show" the patient may be inactivated and dismissed from the practice.

Past Due Payments:

I understand that I am responsible for all payments incurred as a result of periodontal/dental treatment. Failure to pay the past due amounts will result in additional expense which can include the cost of the collection, collection fees, attorney fees, and court costs.

Returned Check:

If a check is returned due to insufficient funds the patient will be charged the return check fee that Gillihan Periodontics receives from the bank along with the full amount of the check. If this occurs I agree to pay in cash or money order the full amount owed to Gillihan Periodontics as listed above.

Signature: _____ Date: _____