Agreement for Terms of Service

Thank you for choosing Gentle Dental Associates. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible, which requires an understanding of your responsibilities.

- **We require TWO(2) business days to cancel or reschedule an appointment:**
  We begin preparing for your visit two days before your arrival, and time is reserved *exclusively* for you. Patients who cancel without sufficient notice more than once within a twelve month period will be required to pay a refundable deposit of $50 to hold any scheduled appointments. The deposit will be applied to payment due or refunded on the day of appointment. If the deposit has not been paid two business days before your scheduled appointment, it will be cancelled. We will remind you by email or phone call of upcoming appointments, unless we receive written notice from you that you do not want an automated phone call.

- **Payment is due at the time services are rendered:**
  If treatment requires multiple appointments, you are required to pay the balance incurred at delivery. If you choose to discontinue care before treatment is complete, you will receive a refund less the cost of care received**.** Any discounts for services are only good when the balance is paid in full at the time of service. Gentle Dental Associates will charge a non-refundable $25 returned check fee. Discounts will be reversed if the balance incurred is not paid on the day of service.

- **We will bill your insurance benefits for payment:**
  If you choose to use insurance benefits for your payment, your estimated co-pay must be paid at the time of service**.** This requires that we collect your estimated co-pay and/or deductible, file a claim with your insurance carrier, and then bill you the remainder after your carrier has paid.
  If you do not pay your estimated co-pay at service, or the remaining balance after insurance benefits are collected, we will no longer accept your insurance as payment, making you responsible to pay in full, file your own claims and wait for reimbursement.

- **You are responsible to know if a procedure is a covered benefit:**
  This includes knowing what benefits you have available for use, and your deductible amount and co-pay percentages. We will do everything we can to assist you in making certain a claim will be paid, but this doesn't imply responsibility on our part for your policy.
  We must emphasize that you are responsible for payment for services regardless of how you choose to pay, and insurance is a form of payment, not a guarantee that you will have no out of pocket expenses.

- **We are not responsible for rejected claims, reduced benefits, or non-covered services:**
  The terms of your benefits are decided by your employer, not your dental office.
  If a claim is rejected, your insurance carrier requests more information, or delays paying your claim, we will take action on your behalf up to 90 days, in an effort to secure payment.
  Following 90 days of attempts with your insurance company, the total amount of the claim will be due by you, the patient.

- **Patients with past due balances:**
  You will be required to pay the balance in full before receiving further treatment.
  Any discounts offered will be reversed if the account has to be sent to an outside agency for collection.
  Scheduled appointments may be cancelled if a balance is left unpaid for more than 90 days and/or referred to a collection agency.
  If a promise to pay is not kept, all copays will be collected before services are rendered.
  A fee of $20 is charged for referral to a collection agency and will be collected prior to scheduling future appointments. I have read and understand the Terms of Service, and further I agree to accept these terms. I understand that failure to do so may result in dismissal from the practice.

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Patient, Parent or Guardian Signature Date

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Patient Name (Please Print)