

# Greater York Family Dentistry

1475 Bannister Street  
York, PA 17404

We thank you for selecting our office for your dental needs. Our goal is to provide you and your family with the best preventive dental care available. We appreciate your responsibility in understanding that payment of services is due at time of service.

If you have any questions about our treatment or any concerns, please feel free to ask.

## OUR FINANCIAL POLICY

### **Regarding insurance ...**

Your insurance policy is a contract between you and your insurance company. Our charges are reasonable and customary for the area. You are responsible for the difference of your insurance company's usual and customary rate and our fees. Not all services we perform are covered by all insurance companies and we encourage you to become informed as to the provisions of your particular policy. You are responsible for co-pays, deductibles, and non-covered charges at the time of service. You are given an estimate only, not a guarantee of benefits payable.

As a service to you, we will submit claims to primary insurance carriers; any secondary insurance claims will be your responsibility. We can provide the required information to you upon request. It is necessary for you to assign benefits to our office by signing your insurance claim form where it "assigns" payment to our office. Please note, we give an estimate only on co-pays or fees payable from your insurance carrier. You are responsible for any unpaid insurance balance.

### **No insurance ...**

If a patient does not have insurance coverage, payment in full is due at the time of service.

### **Payment ...**

We accept the following credit cards: Visa, Master Card, and Discover. We also accept cash and check with a photo ID.

### **Financing ...**

For patients who have treatment over \$300.00, we offer interest free financing through a financial company. Please ask about the information at the front desk.

### **Collection...**

If any delinquent account is required to be turned over to our collection agency, an additional charge of 25 - 35% of the existing balance will be added to your account.

### **Discounts...**

If you are 65 years of age or older and have no dental insurance you may receive our senior citizen discount of 10% off your bill by cash or check.

### **Returned Checks...**

There is a service fee of \$35.00 for returned checks.

**Sedation...**

Oral sedation along with the patient's out of pocket portion must be paid in full two weeks prior to the scheduled appointment.

**Cancellation...**

We ask that you give us 48 hours notice if you need to cancel or change your appointment time. If multiple same day cancellations or no shows occur, you will be asked to seek care elsewhere.

**Prepayment Requirement...**

We require an advance payment for any services requiring an appointment that is 2 hours or more. In order to reserve your time we ask that payment be made at least a week in advance. If payment arrangements are not made your appointment will be subject to cancellation.

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Signature

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Date