

Financial Policy

We ask you to read and accept the following statement of our financial policy prior to treatment.

Payment in full is required at time of service.

We accept: CASH, CHECK, MASTERCARD, VISA AND AMERICAN EXPRESS.

Your scheduled appointment time is reserved especially for you. Charges may be made for appointments broken or cancelled without 2 business days notice. The doctor reserves the right to dismiss patients who repeatedly fail to show for their scheduled appointments.

Any account over 90 days past due may be turned over to an outside collection agency and you may be responsible for all costs of collection in addition to unpaid charges.

PATIENTS WITH DENTAL INSURANCE

Your insurance policy is a contract between you and your carrier.

We are not a party to that contract. Your bill with Galleria Dentistry is your responsibility whether or not your insurance company pays for the services rendered. We will be happy to file your insurance claim. If your insurance has not paid within 30 days, the balance will become your responsibility.

Our office staff cannot know the terms of your individual insurance policy.

If you have any questions regarding your insurance, we ask that you contact your company or review your plan benefit booklet regarding the specifics and details of the policy.

PLEASE PRESENT YOUR INSURANCE CARD AT EACH VISIT.

IT IS YOUR RESPONSIBILITY TO TELL US OF ANY CHANGES IN YOUR COVERAGE.

CO PAYMENT AND/OR COST OF VISIT IS EXPECTED AT DAY OF SERVICE.

I have read and understand any financial responsibilities under this policy.

Signature: _____

Date: *

Response Date: