

Forest Hills Dental

4500 Cascade Road SE Suite 107

Grand Rapids, MI 49546

FINANCIAL POLICY

Thank you for choosing us as your dental care provider. We are committed to providing you with the best treatment possible; after all you deserve nothing less than the best.

*****IMPORTANT*****

INSURANCE

For your protection, we would like you to know that most Dental Insurance Plans **Do Not Cover 100%** of the cost of your treatment. **To keep costs down for our patients we have eliminated billing therefore we require all co-pay amounts to be paid at or before the time of service.** We will estimate as closely as possible your appropriate co-pay and any/all deductibles. For your convenience, we may have you sign a release form to automatically debit your *ATM or Credit Card* for any remaining balance, rather than sending a statement.

We bill most major insurance companies. For your convenience we will submit claims to your insurance carrier. Please help us to help you by providing us with current and correct insurance information.

BILLING & MISSED APPOINTMENTS:

For the benefit and protection of all our patients we require a credit card to be left on file to guarantee any large appointments. If you find it necessary to cancel or change your appointment **kindly give us 2 business days notice** so we may accommodate another patient. **Cancellations less than 2 business days may be subject to a charge. Not showing up for an appointment will be subject to a charge up to the full amount of the appointment.** Our business days are Monday through Thursday.

*******PLEASE READ AND SIGN THE STATEMENT BELOW*******

I understand and accept the terms of this financial policy with regards to my Dental treatment. I authorize Dr. Salhaney's office to bill my insurance company for all services rendered.

X _____

Signature of Responsible Party (must be 18 years old)

Date