

Office Policies and Procedures

Welcome to Gordon Center for General and Advanced Dentistry.

We have outlined our financial policy below as to present a clear understanding of each other's responsibilities.

All payments are expected at the time of visit. Our office accepts payments by cash, check, and all major credit cards. If a bill goes unpaid for more than 90 days, it is subject to be sent to our collection agency.

_____ (initial here)

Filing insurance claims can be very confusing and a time-consuming task for everyone. Our office will gladly file claims to your insurance carrier on your behalf. We will provide them with all the necessary documentation of your office visit.

Dr. Gordon is neither an agent nor an employee of the insurance company. The relationship we have is with you, our patient. If, for any reason, your insurance company does NOT pay for services by Dr. Gordon, you the patient, are solely responsible for the balance. You are ultimately responsible for knowing and understanding your policy, it's benefits, exclusions, and limitations, and need for referrals. _____ (initial here)

A fee of \$35 will be charged for any returned checks.

I, _____, hereby acknowledge that I have read and understand the policies as stated. Any collection fees and attorney's fees that are incurred for breach of this agreement will be the sole responsibility of the patient.

Patient Name (please print)

Date

Patient or Guardian signature