griffith

FAMILY DENTISTRY

Scott R. Griffith, D.M.D., P.A. / Bryan N. Griffith, D.M.D., P.A.

About Financial Arrangements And Dental Insurance

First, we are committed to providing you with the best possible care.

If you have dental insurance coverage, we are happy to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

Our Payment Policy:

Payments for services are due at the time the services are rendered.

- Arrangements for payment other than above are possible only if they are done in advance of service and have been approved by an appropriate staff member.
- We accept cash, check, MasterCard, Visa, Discover.
- If needed, affordable financing is available through outside lending agencies. Minimums do apply.
- Returned checks and unpaid balances are subject to additional collection fees. There is a $35.00 charge placed on the account for returned checks.
- Rescheduling or canceling appointments must be done a minimum of 24 hours prior to the scheduled appointment. A fee of $50.00 is charged to a patient's account that does not offer this time consideration. If there is a reoccurrence of no-shows, the office may elect not to make future appointments.

About Dental Insurance Coverage:

Your insurance coverage is a result of a contractual agreement between you and the insurance company. You should have a full understanding of your coverage as provided by the insurance company.

We however are here to assist you in understanding coverage. Please don't hesitate to question your plan. We have a dedicated specialist to help answer any questions. We strongly suggest you ask questions concerning coverage before you begin treatment. We don't want any misunderstandings.

Our fees generally fall within an acceptable range of most company plans. They are covered usually up to the maximum allowance determined by the carrier.

Not all procedures are covered under the plan. Some insurance companies arbitrarily select certain services they will not cover. This then becomes your sole responsibility.

Filing insurance claims is a courtesy we offer you. Please bear with us as we endeavor to get your plan to work for you.

I understand and agree that regardless of my insurance status, I am ultimately responsible for fees due or any balance on my account for any professional services rendered.

I have read all the information and understand the above information provided.

_____ _____

Patient's Signature Date

11839 Oak Trail Way, Port Richey, FL 34668 ph: 727-862-3535 fx: 727-869-2747

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