

Thanks for choosing Great Northern Dental Care. We look forward to serving you and working with you to obtain optimal oral health. Our goal is to treat everyone with kindness and respect while providing exceptional care. The following office policies will help us serve you better.

Appointment Policy

- Please **confirm your appointments**. To reserve time just for you, we must hear from you at least the day before your appointment. You can respond to our texts or give us a call.
- Please be a few minutes early to your appointments.
- If something comes up and you are not able to keep your appointment, please give us at least **1-2 days' notice**.
- We may be unable to reserve future appointments if there is a history of failed appointments or last-minute cancellations.
- **Missed appointments** may result in a **missed-appointment fee equaling 50% of your appointment cost**.
- If your **contact information changes**, please let us know as soon as possible, so we can contact you regarding your appointments.

Financial Policy

Payment in full or patient portion (if there is insurance) is due at time of service. To make this as convenient as possible for our patients, we have several options.

- Checks, cash, and all major credit cards are accepted.
- Care Credit is accepted - a deferred interest health credit card. If paid on time, you pay 0% interest. (Apply by calling 866-893-7864 or on-line at CareCredit.com)
- Pre-payment Plan – make automatic payments in advance of treatment.

In the event a balance becomes 90+ days past-due, GNDC reserves the right to charge an **18% finance** charge on any unpaid balance. Unpaid balances may also be sent to an outside **collection agency**. **You will then be responsible for the balance due, plus the cost of collections (up to 45% of the balance).**

Dental Insurance

*As a courtesy to our patients, we file insurance claims for our patients. Since insurance companies only give us general information regarding benefits, we encourage you to understand your dental benefits. In most cases, patient portions are only an estimate. Please understand, **you are responsible for the entire balance not covered by your insurance carrier.***

I have read and agree to the terms of Great Northern Dental Care's financial and appointment policies.

Patient or Legal Guardian Name

Signature