



Financial & Insurance Policy

Thank you for choosing Gentle Family Dentistry of Leesburg as your dental care provider. Please be aware that payment of your bill is your responsibility whether insurance is involved or not.

Unless otherwise agreed upon by the provider, payment for services is due at the time services are rendered. We accept all major credit cards, debit cards, cash & CareCredit. Unfortunately, no personal checks are accepted.

Please call us immediately once you realize that you cannot keep your appointment, as we require a 24-hour notice to change your appointment - there is a \$75.00 fee for every missed appointment.

Copayment & deductibles are due at the time of service.

The treatment recommended by our office is not based on what your insurance covers, it is based on what is necessary. Your insurance plan is a contract between you and the respective insurance carrier, so please familiarize yourself with how your policy works. Insurance plans often have limitations and carriers deny claims for various reasons, even retroactively. We will file your claim on your behalf as quickly and as efficiently as we can. Despite our efforts, it is important that you understand the clinical and financial plan discussed with the treatment coordinator is an **estimation** of coverage and there is always a chance that your claim will be denied or not fully paid by your insurance company.

By signing this agreement, you agree and acknowledge that you are held fully liable for any unpaid balance and any outstanding balances older than 30 Days will be subject to interest charges of 1½ % per month. In the Unfortunate event collection procedures are required to collect an outstanding account balance, the patient shall be responsible for the reasonable cost of the collection agency, attorney, and/or court costs.

The undersigned hereby waives any defense he/she may have as to the Statue of Limitations barring future attempts to recover debts owed hereunder in the event of default.

We at Gentle Family Dentistry provide the best care possible, and use the highest quality materials for our patients. As such, we expect to be fairly compensated whether insurance companies provide coverage or not.

Thank you for your understanding!

Patient Name

Patient Signature

Date