TO ALL PATIENTS

It is the responsibility of the patient to know what insurance company, address, deductibles, and coverage they have for dental services. As a service to our patients, this office will submit claims to the appropriate primary and secondary insurance companies. However, if no payment is received within 60 days of the submission of the claims, payment becomes the responsibility of the patient.

I understand that my insurance is an agreement between my insurance company and me. I also understand that I am responsible for the balance of my dental account regardless of my insurance.

I understand that I may incur a 1.5% finance charge if my balance goes beyond 30 days.

I assign dental benefit payments to be paid directly to Garbis Dental Associates from my insurance company.

I give permission for my dentist and his/her clinical team to take any necessary diagnostic films, photos, or study models to properly enable complete diagnosis and treatment.

A $75.00 fee will be charged for appointments missed or canceled without 24 hours notice. A $150 fee will be charged for Saturday appointments missed or canceled without 48 hours notice.

THANK YOU FOR YOUR COOPERATION.

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SIGNATURE OF PATIENT/PARENT/GUARDIAN DATE