

Patient Payment Policy

Thank you for choosing Great Oaks Dental for your dental needs. We appreciate the opportunity to care for you and your family's needs. The following information is provided to avoid any confusions regarding payment for dental services. Please sign below that you have read and agree to this policy.

Payment Policy

- At date of service you are required to pay your estimated amount due. After insurance has paid you are responsible for any remaining balance.
- Payment for service is due in full provided there is no insurance.
- We accept Cash, Check, Visa, Master Card and American Express. Any returned check is subject to a \$15.00 return check fee.
- If a patient is younger than 18 years of age, we do require a parent or guardian to be responsible for the account, and to be in accordance with the requests shown above.
- If you are in need of payment plans, we do not offer in house financing; however we do offer Care Credit and Capital One financing options.
- If your account is overdue for longer than 90 days, it may be referred to a collection agency.

Insurance

As a courtesy, we file insurance. It is your responsibility to notify us of any changes to your insurance coverage. This is your insurance policy and we require that you know your benefits regarding to maximums, waiting periods, benefits year, and deductibles. Please know that any information required from your insurance company regarding the treatment done will be provided by us as it is requested.

Patients Name _____

Responsible Party Signature _____