

Gio Dental at Station Landing
8 Earhart Landing
Medford, MA 02155
781-777-1812



Financial Policy

Thank you for choosing us as your dental care provider. Our office is committed to providing you with the best possible care. Please understand that payment of your bill is considered as part of your treatment. The following is a statement of our Financial Policy which we require you to read and sign prior to any treatment. All patients must complete our Information and Insurance form before seeing the doctor.

Regarding Payment

- We accept the following forms of payment: Cash, Major Credit Cards, and Care Credit®.
- Payment for services is due at the time services are rendered unless prior arrangements have been made with the doctor and the billing receptionist
- If dentures, partial dentures, crown and bridge are to be fabricated by a dental laboratory, a 50% deposit will be required at the time of the first impression. The remaining balance is due at the time the prosthesis is cemented or inserted.
- The parent that accompanies the minor child/children to the appointment is responsible for any payment due. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized before the appointment date or previous arrangements have been made with the doctor and billing receptionist.

Regarding Insurance

- Your insurance policy is a contract between you and your insurance company.
- Your complete insurance information must be presented at the time services are provided. Insurance claims cannot be backdated. Most benefits will be verified before your insurance company can be billed.
- All insurance co-pays and deductibles must be paid at the time of service.
- We would be happy to discuss our charges and how they relate to your particular situation. We also realize that temporary financial situations may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

Regarding Appointments

- Your dental appointments are scheduled carefully. Time, trained personnel and dental equipment are reserved for each procedure. Missed appointments add to the cost of dental care when reserved facilities are left unused during your appointment block. We request **48 hours advance notice** for rescheduling your appointment. **Your account will be charged a broken appointment fee of \$50.00 for missed appointments without proper notification. In addition, two or more incidents of missed appointments without proper notice could lead to dismissal as a patient at our practice.**

I have read the Financial Policy. I understand and agree to this Financial Policy.

Signature of Patient or Responsible Party: _____

Date: _____