Office Policies

Dental Treatment is an excellent investment in an individual's medical and psychological well-being. Financial considerations should not be an obstacle to obtaining this important health service. We offer the following payment options:

- Cash, Check, Visa, MasterCard, Discover and American Express are accepted
- Pre-payment courtesy: a 5% courtesy credit will be offered for service over $1000.00 paid in full, cash or check at the initial appointment
- Care Credit payment plans are available for those who qualify

Dental Insurance Policy:
We are happy to file the forms necessary to ensure that you receive the full benefits of your coverage: however, we can make no guarantee of any estimated coverage. Because your insurance policy is an agreement between your and the insurance company, patients are directly responsible for all charges. If your insurance company does not pay their estimated benefits within 30 days from the date of service, you are responsible for the entire treatment fee. Balance over 60 days will incur a finance charge of 18% APR.

Cancellation Policy:
Our goal is to provide you with quality dental care and personal attention. Your appointment time is reserved just for you.

If You Cannot Keep Your Appointment
Please Provide At Least A 36 Hour Notice.

If you do not confirm your appointment in a timely manner, we may cancel said appointment at our discretion and notify you that you will have to reschedule.

Release of the Dental Records Policy:
To the insurance company: (if applies)
I authorize Gottwald Family Dentistry to release any dental records to my insurance company upon request, including, but not limited to, periodontal charting, radiographs, and diagnostic photos.

To the Patient:
I authorize Gottwald Family Dentistry to use dental photography for marketing purposes.

Returned Check Policy:
A $35.00 fee will be assessed for all returned checks.

Acknowledgement:
I hereby acknowledge and agree to the above office policies. I also have received a copy of the Notice of Privacy of the office (HIPAA). Please note: it is your right to refuse to sign this acknowledgement.