

GANGWISCH DENTAL GROUP, L.L.C.

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FINANCIAL POLICY

Thank you for choosing Gangwisch Dental Group for your dental care. We provide a number of different payment options for your convenience. We accept cash, personal check, MasterCard, Visa, and Discover. Financing is available in order to make good dentistry affordable for all. Payment in full is expected at the time services are rendered unless other arrangements are made in advance.

You are entitled to a clear understanding of your financial obligations before treatment is rendered. If you have any questions about treatment fees, please ask the doctor. Dental assistants and front desk personnel are not qualified to provide this type of information.

If your insurance company pays the provider, we will accept assignment of insurance benefits. The patient's portion, deductibles and co-payments are expected at the time of service. We will estimate your coverage by computer; however, we do not have the final say in determining the insurance payment. Each insurance company has their own schedule of benefits which may or may not match our fee structure. Please also note that reimbursements to you will vary depending on the contract that your employer has with your insurance company. **By having us collect the insurance portion directly from the insurance company, you agree to pay any and all balances that remain after insurance payment.** Your payment will be expected within thirty days of notification. Collecting small remaining balances is costly and time-consuming. Therefore, we must ask that any patient who presents a history of slow payment of leftover balances after insurance reimbursements will be expected to pay for services in full at subsequent appointments. With your cooperation and help, you should be able to receive all of the benefits offered to you and we will be able to concentrate on your dental needs.

We will assist you in any way possible, within reason, in recovering your insurance reimbursement. It is your responsibility to make sure that the information in our computer system that we are using to file your insurance is correct. We will be happy to provide you with a printout at your request. If your insurance company does not pay their share within 60 days from the date of service, then you will be responsible for the account balance.

We are not a member of any HMO, PPO, or DMOs. If your insurance will only allow you to pick from a specific list of dentists, then you can still be treated in our facility, but you will be responsible for the entire bill. If your insurance company allows out-of-network dental care, then we can file your insurance for you. If you have a direct reimbursement plan or flex-spending account, then you will pay us directly at the time of service, and we will provide you with the proper documentation to recover your benefits.

By my signature, I have read, understand, and agree to abide by the financial policy of this office. In cases where payment is being accepted directly from the insurance company, I authorize payment directly to the provider.

Signature _____ Date _____