

**GILMORE DENTAL – YOUR DENTAL BENEFITS**

It is your responsibility to understand your dental benefit.

Payments from your dental benefits are not guaranteed.

As a courtesy to our patients, we will bill your dental benefit.

Gilmore Dental will give you an estimated patient portion due at the time of service, based on basic benefit information.

\_\_\_\_\_ I understand that my dental benefit may not cover all my treatment needs.

\_\_\_\_\_ The estimate I receive may or may not cover the full cost of treatment.

\_\_\_\_\_ I may receive an invoice for additional costs or have a credit that will be returned to me.

\_\_\_\_\_ The dental benefit may deny payment for any reason. I accept the full payment responsibility.

By signing, I am releasing Gilmore Dental from any liability I incur from non-payment by my dental benefit.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE/RESPONSIBLE PARTY

**GILMORE DENTAL APPOINTMENT POLICY**

As a courtesy we will attempt to confirm your appointment 24-48 hours prior but it is the patient's responsibility to keep appointments made.

Appointment confirmations are required, whether by phone, text or email.

A 2 day business notice is required to change your appointment and will only be accepted by phoning the office during regular office hours.

While we understand unexpected emergencies and sickness happen, we do expect you will let us know as soon as possible.

Multiple no shows or late can be subject to fines: \$100 per hour for doctor; \$50 per hour for hygiene.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE/RESPONSIBLE PARTY

**GILMORE DENTAL FINANCIAL POLICY**

All accounts are due and payable at the time of your visit.

Balances on accounts are due 10 days from the date the statement is mailed.

You are responsible for full payment of your account.

If your dental benefit is billed and receipt of dental payment extends beyond 60 days you will be responsible for the full balance.

All discussions of monies are an **estimate only**. It is **not a guarantee** of payment by a dental benefit.

Financial arrangements are accepted. They must be agreed upon prior to treatment appointment and have strict non-negotiable terms.

Returned checks or declined card payments will be subject to a \$25 fine. Bad checks are prosecutable by the District Attorney.

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PRINT NAME

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DATE

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SIGNATURE/RESPONSIBLE PARTY

**GILMORE DENTAL PRIVACY POLICY**

I have received a copy of Gilmore Dental's Notice of Privacy Practices.

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PRINTED NAME

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DATE

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SIGNATURE