

GORDON B. SHELTON, D.M.D.  
LORI V. GIBBONS, D.M.D.

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### FINANCIAL POLICY

To our Valued Patients,

Today in our world of rising prices we are trying to keep our fee increases to a minimum by implementing new payment policies. These policies will take some burden off our bookkeeping and billing services.

As in the past, we will continue to file your insurance claims. Our office will be offering the following payment policies.

1. ALL payments for services are expected at the time services are rendered. CASH, CHECK, VISA and MASTERCARD are accepted.
2. While filing of Insurance claims is a COURTESY that we extend to our patients, WE MUST EMPHASIZE that, as dental providers, our relationship is with the PATIENT, not the insurance company. If we do not receive payment from your insurance company within 60 (sixty) days, payment becomes your responsibility, and the unpaid balance will be subject to a finance charge of 1 1/2% per month.
3. Patients having Dental Insurance will be required to pay their DEDUCTIBLE and ESTIMATED PORTION of the fee at the time services are rendered. You will also be responsible for any balance remaining after the Insurance Company has paid the claim.
4. We DO NOT file secondary dental insurance claims. However we will be happy to give you a computer generated speedy bill, with all necessary codes and procedures, which you can submit to your secondary insurance company.
5. Your appointment time in this office is reserved just for you, because you are important to us. A fee MAY be charged for any appointment cancelled or rescheduled without one working day's notice. Please help us to avoid charging this fee by keeping your scheduled appointment.
6. Should, in an extremely rare case, your account be processed to collections, you will be responsible for all court costs and attorneys' fees.

I have read the above policies and agree to abide by them.

Date \_\_\_\_\_ Signed \_\_\_\_\_

It is our office policy that the adult who presents a child for examination will be the responsible party.