



GATEWAY DENTAL

Administrative Policies

Thank you for choosing the Gateway Dental team for your oral health. We care for more than just your teeth. Our goal is your healthy, happy smile.

Insurance Policy

Dental Insurance can be complex and we will help to explain your coverage to the best of our abilities. Please understand Gateway Dental is not in any manner involved in the structure of your dental plan or in the determination of dental benefits allowed on your behalf by your dental benefits provider. Dental benefits are solely determined by the carrier and are entirely based upon the terms and conditions of the contract they share with you. It is impossible to know every insurance plan, and each plan's specific frequencies, limitations, and exclusions. These provisions may affect the way your benefits are paid and may increase your out of pocket costs. Providing insurance information grants Gateway Dental permission to submit all completed procedures to your dental benefits carrier.

Preauthorization is done on patient request. As a courtesy to you, we will submit a claim to your insurance carrier when you receive care and we will wait for payment from your insurance carrier for up to 60 days after treatment without a finance charge. If your carrier does not pay after 60 days, a 1.5% finance charge will be applied to your account. If your insurance carrier does not pay the claim within 90 days of treatment, you may be asked to pay the balance and you will need to collect your benefit from the insurance carrier yourself. You are responsible for providing Gateway Dental with the correct name and billing address of your dental benefits carrier.

Treatment Plan Policy

Our financial advisor will prepare a treatment plan for you outlining fees, co-payment amounts, and insurance estimates for each procedure that the dentist diagnoses. The charges that we quote to you are an ESTIMATE. They are based on your current coverage and on your diagnosis at the time of your dental examination. The charges may change if your dental plan schedule changes, if you transfer to another dental benefits carrier, if you reach your annual maximum, if your insurance carrier applies a least costly alternative benefit, and/or but not limited to unforeseen or undiagnosed circumstances that arise during the course of care. Though every effort will be made to provide a comprehensive and accurate treatment plan, it may be that not all procedures are included or calculated specific to the unique provisions of your dental plan. Please make us aware of your questions before you receive treatment to avoid any misunderstandings.

PATIENT INITIALS: _____

Financial Policy

Estimated patient payment is due at the time of treatment. You may pay by cash, check, money order, CareCredit, American Express, Visa, and/or MasterCard. Treatment may be denied if you are unable to make payment. There is a \$50 charge for all checks that are returned non-sufficient funds. Payment plans may be considered but only prior to treatment rendered. There is 30-day remittance on outstanding open balances. After 90-days outstanding balances may be turned to collection. Any patient that carries an outstanding balance, may be denied treatment until the account is cleared.

Privacy Policy

Your privacy is important to us and protected by the Health Insurance Portability and Accountability Act (HIPPA). HIPPA provides you basic protections with sharing your information, privacy in consolation, and record retention, among others. A full copy of our Privacy Policy has been made available to you.

Record Release

We are dedicated to a long-term relationship with our patients. When this relationship is interrupted because of a change in your insurance coverage, relocation to another area or for other reasons, we are happy to forward copies of your dental health records to you. Washington State Law provides for the release of copies of the patient health care record upon receipt of a written request and signed authorization from the patient. Washington State Law further provides for application of fees as determined by State Legislature for the duplication of records. The patient is responsible to pay these fees prior to release of the records.

If you would like to keep a release of records on file please complete the special section below:

By signing this section, I authorize Gateway Dental to release all confidential health care information relating to treatment, condition, or dates of treatment, and copies of all radiographs and all dental chart components to me or an agent I assign. I further understand that I am entitled to copies of documents and radiographs and that the original documents and radiographs remain the property of Gateway Dental pursuant to RCWW 70.02.

Patient or Guardian's Signature _____ Date _____

Patient and Guardian's Printed Name _____

Appointment Policy

We value your time and the time of every patient in our practice. Every attempt will be made to confirm your appointment time as a courtesy to you. If for any reason you are unable to attend an appointment, kindly provide 24 hour notice by phone, email, or message so that we may offer that time to another patient. If you fail an appointment, you may be charged a \$25 fee for every half hour of scheduled time missed. If you arrive more than 10 minutes late without contacting the office before your scheduled time, you will be assumed failed, and your appointment may need rescheduling.

I, _____, have read, understand, and agree with Gateway Dental's Administrative Policies.

Patient Signature _____ Date _____