Fulton Family Dentistry
853 East Fulton St
Grand Rapids, MI 49503

FINANCIAL POLICY

Thank you for choosing us as your dental care provider. We are committed to providing you with the best treatment possible; after all you deserve nothing less than the best.

*****IMPORTANT*****

DENTAL COVERAGE
For your protection, we would like you to know that most dental plans **Do Not Cover 100%** of the cost of your treatment. **To keep costs down for our patients we do not outsource billing, and we require all coinsurance to be paid at or before the time of service.** We accept cash, personal checks, credit cards and outside financing upon request and approval (ask for details). We will estimate as closely as possible your appropriate co-pay and any/all deductibles. All charges that you incur are your responsibility, regardless of your dental coverage. Our relationship is with you, our patient, not with your dental coverage. Your policy is a contract between you and that company and our office is not a party to that contract.
For your convenience we submit claims to most dental carriers. Please help us to help you by providing us with current and correct coverage information.

In the unfortunate event that your account is found to be delinquent in payment, and we must pursue legal options to be paid for services rendered, upon placement of your account with a third-party collector (eg. Collection agency or collection law firm), you will be responsible for, and your account will be assessed, a collection fee in the amount of 33.33% of the outstanding balance. These charges will be added to your account.

BILLING & MISSED APPOINTMENTS:
If you find it necessary to cancel or change your appointment **we require two business days notice** so we may accommodate another patient**. Cancellations less than two business days will be subject to a charge. Not showing up for an appointment will be subject to a charge up to the full amount of the appointment.** Keep in mind that our business days are Monday-Thursday.
We REQUIRE that all appointments are confirmed and at the very latest, one business day prior to your appointment, in order to keep the appointment(s) on the schedule. We send out confirmation requests through texting software, email or phone calls depending on your choice.

MINORS ACCOMPANIED BY THE PARENT OR LEGAL GUARDIAN:
The parent or legal guardian accompanying a minor, who has consented to treatment, is responsible for full payment at the time of service. **Unaccompanied minors**: The parent or legal guardian is responsible for full payment at the time of service. Treatment consents and payment arrangements must be made prior to appointment or non-emergency treatment may be denied.

POLICIES:
It is our policy to perform all services as the American Dental Association (ADA) recommends. This includes Bite-wing X-rays at least 1/year, PAN x-ray every 5 years, Periodontal charting every year for adults, regular hygiene visits based on your diagnosis, and Doctor examination every 6 months.

COMMUNICATIONS WITH YOU: By signing below, you are authorizing us to call you at any number you provide including calls to mobile or similar devices. You agree that we may, for training purposes or to evaluate the quality of our service, listen to and record phone conversations you have with us.

************PLEASE READ AND SIGN THE STATEMENT BELOW************

I understand and accept the terms of this financial policy with regards to my Dental treatment. I authorize Fulton Family Dentistry to bill my dental coverage for all services rendered.

X_____ _____
Signature of Responsible Party (must be 18 years old) Date