OUR OFFICE POLICY

Your oral health is our top priority, and we thank you for selecting Glenns Bay Dental for your dental care needs. It is our goal to help our patients maintain a healthy, beautiful smile! Please review our office policy and let us know if you have any questions.

APPOINTMENTS: You may select any of our dentists for your treatment. Should you have an emergency, and your dentist is not available, another dentist will be happy to see you. Appointment reminders are sent via call, text or email. We kindly ask for 24-hour notice when canceling an appointment. If you cancel with less than a 24-hour notice or no-show for an appointment, there will be a $50 fee for hygiene appointments and $100 fee for dental appointments. Patients will be required to have the necessary x-rays taken at least once every twelve (12) months.

INSURANCE: Glenns Bay Dental is not in network with any insurance providers. Once you are an established patient and have completed your first cleaning, as a courtesy we will file the claim with your primary insurance carrier. We do not file any claims with Medicaid or insurance carriers that have Medicare listed. When checking in for your appointment, it is the patients responsibility to inform our office of any changes with your dental insurance carrier or coverage. You will also need to provide our office with your current dental insurance card, as well as a valid photo ID. For patients that have dental insurance, at checkout you will be responsible for your deductible and an estimated percentage. We accept cash, check or credit card.

INSURANCE CLAIMS: Claims are filed on the date of service, and the insurance payment is usually received within 4 to 6 weeks. There is no guarantee of coverage or payment. Once your insurance carrier processes the claim, you may owe an additional amount, depending on your carriers guidelines, frequency limitations, available maximums, deductibles, percentage of coverage and outstanding claims. If your insurance carrier pays you directly, you will be required to pay in full on the date of service. If for any reason your insurance provider has not paid in full within 45 days from the date of service, or if they have paid and there is a balance remaining, the patient is responsible for the balance. The patient is responsible for legal fees, or any other expense incurred in attempts to collect the account balance.

SECONDARY INSURANCE: We do not file secondary insurance. We will provide you with the necessary documentation for you to send to your insurance company.

PRE-ESTIMATE: You may request a pre-treatment for any major dental work. The pre-estimate will need to be signed prior to your treatment.

PAYMENT: If you do not have insurance, payment in full is due at the date of service. For any treatment involving lab fees, we require a deposit of 50% or you may pay in full at your initial appointment, with the balance due upon seat date.

CARE CREDIT: We offer a 6-month Care Credit option. Our office does not offer an in-office payment plan.

I, _____ (print name), have read the office policy and understand my financial responsibility.

Signature_____ Date_____

Updated 1/1/2025