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

INSURANCE: We are not in network with any insurance providers. Once you are an established patient, 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 Medicaid listed. When checking in for your appointment, it is the patient's responsibility to inform our office of any changes to your dental insurance carrier or coverage. You will need to provide your current dental insurance card and a valid photo ID. For patients that have dental insurance, at check out you will be responsible for your deductible and an estimated percentage.

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 at the date of service. If for any reason your insurance carrier 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 patients are responsible for legal fees, or any other expenses incurred, in attempts to collect the account balance.

SECONDARY INSURANCE: If you have secondary insurance, we will file the claim as a courtesy. Any balance due after primary insurance pays is the patient responsibility, and the secondary insurance will pay the patient directly.

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

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

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

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

Signature_____ Date_____

UPDATED 8/14/2026