

**Gangwisch  
Grandy  
& Melzer**

Family & Cosmetic Dentistry

530 Florida Avenue  
Lynn Haven, FL 32444  
850 271 2341  
Fax 850 271 0679

**FINANCIAL POLICY AND PROCEDURE**

1. *I understand that payment is due at the time that the services are rendered.*
2. *Gangwisch, Grandy and Melzer accepts Cash, Check, Visa , Mastercard, Discover, American Express, and CareCredit cards.*
3. *Patients who file insurance are expected to pay estimated portions at the time services are rendered.*
4. *Gangwisch, Grandy, and Melzer offers a 10% bookkeeping courtesy or discount to those patients who have a treatment plan exceeding \$2000.00 when payment is made in full by cash or check for all services planned regardless of insurance benefits. If patient chooses instead to pay in full by credit or debit card a 5% bookkeeping courtesy will be extended. There will be no discount for patients choosing to use CareCredit due to the costs incurred to the Doctor for enrollment.*
5. *I understand that dental insurance claims will be submitted as a courtesy to our patients. We will make every effort to make sure your claim is filed accurately and timely. If the patient has not provided the proper information and paperwork no claim can be filed. Patients are responsible to inform our office of any changes to their insurance carrier or policy. We will submit for pre-treatment estimates for major services to determine your insurance benefits upon request. If your insurance company denies your claim we expect payment of the full balance within 10 days of the notice you receive from your insurance company. Our professional services are rendered to the patient and not to the insurance company. Treatment is based on patient need and not insurance company benefits. We cannot render services to the patient based on the assumption that the charges will be paid by the insurance company, nor can we know every service not covered by your insurance company. It is the patient's responsibility to be involved with their own insurance company. The patient is responsible for their entire bill regardless of insurance benefits.*
6. *I understand that Gangwisch, Grandy and Melzer is not an insurance provider and therefore I accept the standard fees of the office regardless of what my insurance benefit allows. I understand that there may be a difference between what the insurance company will pay and the cost of services rendered. I take responsibility for the entire fee charged. I will inform Gangwisch, Grandy, and Melzer if my insurance company has not responded within 60 days.*
7. *I understand that Gangwisch, Grandy, and Melzer charges a service fee of 18% annually (1.5% monthly) on outstanding account balances 60 days or more.*
8. *I understand that Gangwisch, Grandy and Melzer has a handling fee of \$35.00 for all returned checks.*
9. *I agree to pay any attorney, collection, or court fees associated with collection of delinquent accounts.*
10. *I agree to follow the Broken Appointment Policy of Gangwisch, Grandy, and Melzer which includes a fee of at least \$35.00 per half hour for appointments cancelled for any reason without 24 hours notice. I understand that this time has been reserved specifically for me.*

**The goal of Gangwisch, Grandy, and Melzer is to provide you with a first rate dental experience. If we can be of any assistance please feel free to ask. We deeply appreciate your loyalty and encourage you to refer your friends and family.**

**I have read and understand this financial policy and realize that payment is my responsibility. \_\_\_\_\_  
(initials)**

**I authorize the release of any information and/or x-rays relating to my dental treatment to the insurance company, attorney, or collection agency in collecting the full cost of services rendered to myself and my family. \_\_\_\_\_ (initials)**

**I authorize the release of my dental records to offices that I have been referred. \_\_\_\_\_ (initials)**

**I have received a copy of the HIPPA privacy policy. \_\_\_\_\_ (initials)**

**I have received a copy of the Broken Appointment Policy \_\_\_\_\_ (initials)**

\_\_\_\_\_  
**Name (printed)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**