



Patient Financial Responsibility Form

Patient's Name: _____ DOB: _____

Thank for choosing Gillette Dental for you dental needs. We are committed to the success of your dental care. Please understand that a mutual financial relationship is part of this process. We hope that by sharing our financial expectations we can maintain open lines of communication and build a strong working relationship. If you have any questions regarding any of our policies please don't hesitate to contact our office at (307) 682-3353.

Payment is due at the time of service

- We accept Cash, Checks, Money Orders, MasterCard, Visa, Discover, and/or Care Credit.
- All estimated patient portions for service rendered are due at the time of service. We require payment in full unless other arrangements have been made with the business office.
- Outstanding patient balances are due when checking in for your appointment.
- We kindly request **at least 24 hours notice** to cancel or reschedule your appointment. This courtesy allows us the opportunity to fill the appointment with another patient who would like it. All cancellations with less the 24 hours notice or No Shows will be subject to a **\$50.00 No Show Fee**. Sadly after **three No Shows** we will have to dismiss you from the practice, we will happily transfer your records to another practice of your choosing.

Insurance Estimates

- Insurance estimates are based on information provided to us by your insurance carrier, they are in no way a guarantee that services will be covered. Our office is happy to bill your insurance company for you and accept assignment of benefits, but the entire bill ultimately remains the patient's responsibility. It is up to the patient to resolve any conflicts with their insurance company.
- Blue Cross and Blue Shield of Wyoming will not assign benefits directly to Gillette Dental. Payment is due at the time of service and your insurance company will send payment directly to you.