



GERIATRIC DENTAL GROUP

A CHARITABLE NON PROFIT ORGANIZATION

## Office Policies

Welcome to Geriatric Dental Group!

We try our best to make your visit to the dental office as pleasant and affordable as possible.

Geriatric Dental Group is a private non-profit organization that has been in business since 1974. We do not receive any funding from the state or federal governments. All members of our staff are paid a competitive salary and benefits.

**Medical History:** Many of our patients are on multiple medications and have very complex medical histories. It is vitally important that our dentists have **full medical histories and complete and current list of medications**. We also require the **name and number of your current physician**. This information is required so that we may provide the most appropriate care possible.

**Fees:** It is our goal to keep our fees between 20-50% lower than others in the area and to offer interest-free payments plans. However, even at there reduced fees, dental care can still be very expensive. Therefore, if at all possible, we try to give patients options regarding their treatments. On the first visit we will take a full mouth set of x-rays and complete a new patient exam. We will provide a treatment plan with **estimated** costs. Payment for the first visit is required at time of service. We accept cash, check, Visa, MasterCard, or Discover. Half down is required on all dentures, partials, crowns, bridges, relines and repairs (anything sent to the lab).

**Insurance:** Geriatric Dental Group is not a preferred provider with any insurance company. However, we will gladly submit claims and pre-authorizations on your behalf. We are not staffed to make phone calls to dispute claims or to investigate covered amounts; unfortunately this is the patient's responsibility.

**Emergency Exams:** Only patients of record will be seen in emergency cases. A Patient of record is someone who has complied with the dentist's prescribed treatment plan and comes to their recommended cleanings and exams.

Please be aware, there is a ***\$40 fee for missed appointments without 24 hours notice***. After three such appointments, the patient will be asked to seek services elsewhere.

The greatest compliment we can receive is a referral to your friends and family.

**How did you hear about us?** \_\_\_\_\_

If you have any questions or comments, please direct them to the front office staff.

Thank you,

Amy Linder  
Exectutive Director

NOTE: We reserve the right to refuse service to anyone.

Pleas Sign that you have read and understand the above office policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date