**Office Policies**

**Insurance Policy:**

The Grapevine Dentist is in-network with all major PPO insurance companies.

Upon verifying your benefits, we will provide an estimate prior to your treatment. Please note, it is not guaranteed that your insurance will cover the treatment as estimated.

In the event you have limited coverage, you will be responsible for any charges and/or fees billed to your insurance company where payment is denied.

**Primary and Secondary Insurance:**

* The Grapevine Dentist **will verify both primary and secondary insurance.**
* **Your primary insurance will apply at the time of treatment. We cannot show estimated coverage with your secondary insurance until we bill the primary insurance.**
* The Grapevine Dentist **will bill your primary insurance for treatment.**
* **Once we receive the EOB back from your primary, we will bill your secondary. Secondary insurance requires an EOB (explanation of benefits) from the primary insurance before a claim can be sent.**

 **Predeterminations:**

* **A predetermination (pre-d) of benefits is a review by your insurer’s dental staff, to determine if they agree with your treatment that we have recommended for your dental needs.**
* **Predeterminations are done prior to your treatment, to ensure you understand what is covered vs what is not covered by your dental insurance plan.**
* **Patient initial: \_\_\_\_\_\_\_\_\_**

**Payment Policy:**

For your convenience, The Grapevine Dentist accepts that following forms of payment:

* Debit cards
* All major credit cards (Visa, Master Card, and American Express)
* Care Credit
* Lending Club
* Check
	+ **Please note, The Grapevine Dentist must receive all checks AT LEAST 5 business days prior to your treatment. The Grapevine Dentist requires the FULL amount to clear the bank prior to the date of your treatment.**
* Patient Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Deposit Policy:**

The Grapevine Dentist will collect the following deposits upon scheduling your dental treatment. Please note, all deposits will go towards your total treatment amount.

* + Implants: $200
	+ Wisdom teeth: $200
	+ SRP (deep cleaning): $50
	+ Tissue Graft: $200
	+ Osseous: $200
	+ LANAP: $200
	+ Crowns: $50
	+ Zoom Whitening: $100
* Patient initial: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Rescheduling Policy:**

* Rescheduling your dental appointment less than 24 hours in advance, is subject to the following nonrefundable office fees.
	+ Rescheduling one time =$50
	+ Rescheduling two times = $100
	+ Rescheduling three times = The Grapevine Dentist will no longer accept you as patient
* Rescheduling a surgery (i.e. wisdom teeth, implants, extractions, etc.) less than 7 calendar days in advance, is subject to the following office fees.
	+ 7 calendar days or less = $200 nonrefundable office fee
* Patient initial: \_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read, understand, and agree to The Grapevine Dentist’s Insurance Policy, Payment Policy, Deposit Policy, and Rescheduling Policy. I understand failure to abide by these office policies could result in cancelation of my treatment and procedure.

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature (minor patients): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Radiograph Scan and Scope of Review Acknowledgement**

The Grapevine Dentist offers a complimentary radiographic or 3-D image scan (CBCT scan) of your jaw.

Radiation:

* Radiographic scans such as x-rays, CT scans, etc. expose you to radiation. All radiation exposure is linked with a slightly higher risk of developing cancer. The level of risk depends on the total amount of radiation received. The amount of radiation you will be receiving during this scan, is set to be the lowest as reasonably achievable.
* The scans are NOT recommended for pregnant women due to the potential danger the fetus.
* Declining a CBCT scan will result in preventing adequate ability to diagnose you. Since a CBCT scan is a diagnostic tool, lack of information will require further evaluation and treatment planning.
* Patient initial: \_\_\_\_\_\_\_\_\_\_\_

Limited Review of the Scan:

* An authorized physician at The Grapevine Dentist will interpret the scan for potential dental procedures ONLY.
* The scan will not be reviewed by a radiology specialist.
* A physician at The Grapevine Dentist will not review, interpret, and/or analyze the scan for medical issues and/or concerns.
* Patient initial: \_\_\_\_\_\_\_\_\_\_\_\_\_

No Treatment Relationship:

* This CBCT scan does not create a treatment relationship with the physicians at The Grapevine Dentist.
* This CBCT scan does not create an obligation for The Grapevine Dentist to perform your treatment.
* A treatment relationship will begin after your initial consultation and exam at The Grapevine Dentist.
* Patient initial: \_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read, understand, and agree to the Radiographic Scan and Scope of Review Acknowledgement and understand I have been informed of the risk and benefits of having the scan.

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature (minor patients): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_