

Insurance Policy

We are 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. Please provide your dental insurance prior to your appointment.

Primary and Secondary Insurance:

- We 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.

Predetermination/Pre-Estimates:

- A predetermination/pre-estimate (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.
- Predetermination/pre-estimates are sent prior to your treatment, to ensure you understand what is covered vs what is not covered by your dental insurance plan.
- Predetermination/pre-estimates are just an ESTIMATE. Even if your insurance "approves" a Pre-D, they can still deny treatment after completion.

Payment Policy:

For your convenience, we accept the following forms of payment:

- Debit cards
- All major credit cards (Visa, Master Card, and American Express)
- Care Credit, Cherry, or Proceed Finance
- Cash
- Check

*Please note, we must receive all checks AT LEAST 5 business days prior to your treatment. We require the FULL amount to clear the bank prior to the date of your treatment.

OFFICE POLICIES 2026

Deposit Policy

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

- o Implants: \$200
- o Extractions (to include wisdom teeth): \$200
- o SRP (deeper cleaning): \$50
- o Tissue Graft: \$200
- o Osseous: \$200
- o LANAP: \$200
- o Crowns: \$150
- o Zoom Whitening: \$100
- o Sedation for general dentistry treatment \$200

Rescheduling/Cancellation Policy

Your time is important to us, and to ensure we honor both your schedule and that of our providers, please confirm your appointment by replying to our messages. If you need to reschedule your appointment for any reason, please let us know as soon as possible, as our schedule is typically at capacity. To respect our providers' time:

- Any appointments not confirmed within 24 hours of the scheduled appointment time will be released and offered to patients on our waitlist.
- Rescheduling/cancelling your confirmed dental appointment less than 48 hours in advance OR missing your confirmed scheduled appointment, is subject to the following nonrefundable office fees.
 - o Rescheduling/Cancelling one time = \$50
 - o Rescheduling/Cancelling two times = \$100
 - o No call no show = \$100
 - o Rescheduling/Cancelling three times = We will no longer accept you as patient
- Rescheduling an appointment with North Texas Dental Surgery (Dr Choi) or a Sedation Appointment (i.e., Wisdom teeth, implants, extractions, etc.) less than 7 calendar days in advance, is subject to the following office fees.
 - o 7 calendar days or less = \$200 nonrefundable office fee
 - o Rescheduling the day of = payment in full

Late Patient Policy

- Patients who arrive more than fifteen (15) minutes late to their scheduled appointment time may be asked to reschedule as a courtesy to our other scheduled patients.

Failure to abide by these office policies could result in cancellation of your treatment, procedure, and possible dismissal. We are an independent organization and reserve the right to dismiss you as a patient or refuse services at any point of the treatment. Reasons for dismissal include but are not limited to, patient's continuous negligence to protocol, patient disrespect or harm to doctors and or staff, etc.

Radiograph Scan and Scope of Review Acknowledgement

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 reasonably achievable.
- The scans are NOT recommended for pregnant women due to the potential danger to 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.

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.