

**Gulf Coast Dental**  
**Steven G. Robinette**  
**4566 Hwy. 20 E., Suite 108**  
**Niceville, FL 32578**

*Welcome to our practice! We appreciate the trust you have placed in us.*

**PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED, WE ACCEPT CASH, CHECK, MC, VISA & DISCOVER.**

**INSURANCE.**

*Professional services are rendered and charged to you, not the insurance company. Please understand that the contract is between you and your insurance company and payment for services is your responsibility.*

*We will accept assignment on claims for primary insurance. We will also provide claims for any secondary insurance upon request. All deductibles and co payments are due at time of treatment.*

*Our office will not enter into a dispute with your insurance company over your claim. This is your responsibility and obligation. You will receive a statement every month your account shows a balance due. If at the end of 60 days, your insurance has not paid, you are responsible for entire balance.*

*We will supply you with a copy of the dental claim for your personal records & resubmission if necessary.*

*In order to honor any insurance benefits, you must provide insurance identification (i.e. insurance cards, completed claim forms, benefit books, etc.) and we must be able to release and or authorize any necessary information that they may request.*

**BROKEN APPOINTMENTS POLICY.**

*Please consider your reserved appointments carefully. We ask for a 48-hour notice of cancellation. If we do not receive a 48-hour notice, we may charge for the reserved time. This cannot be charged to your insurance company.*

**OFFICE FEES.**

*If you present a check for insufficient funds, or place a stop payment on an issued check, you will be charged a \$35.00 fee for processing. We will charge 1.5% monthly (18% annual) interest on all past due account balances. Should this account become past due, you agree to pay any collection agency or legal fees necessary to collect on this account.*

*If you have any questions regarding your account, please do not hesitate to ask.*

*I have read and understand the statements outlined above.*

**SIGNED**

**DATE**