

GATEWAY DENTAL
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Financial Policy Acknowledgement

Dr. Layusiana Ciobanu, DDS, and the staff of Gateway Dental are committed to providing the finest, most cost effective dental care available. Our fees reflect our professional pledge to excellence. In an effort to control fees, we recognize that one of the best methods is to control costs. In order to achieve these goals, we need your assistance and understanding of our payment policy.

For patients who do not have dental insurance:

Payment in full is expected for each appointment as service is rendered. You may choose the following payment options: cash, check, or credit card (VISA, Mastercard, Discover, or American Express). Also we offer financing through Care Credit.

For patients who have dental insurance:

It is necessary that you provide all information regarding your dental benefit plan, including insurance card or claim form, plan numbers, primary carrier, etc. Payment directly from the insurance company for the coverage percentage will be accepted. Our staff is familiar with dental insurance and will assist you in obtaining the maximum benefits specified in your contract. However, in some cases, the annual maximum coverage is less than proposed treatment plan. When available, an ESTIMATE of benefits and insurance reimbursement will be given. **Any deductible, co-payments and non-covered fees are expected at the time services are rendered.**

It is important that you realize that your dental benefit program is a contract between you, your employer and the insurance company and we are not a party to that contract. This office files your insurance as a courtesy to you. Not all dental services are covered benefit in all contracts. Gateway Dental will not be responsible for negotiation of any settlements on any disputed insurance claim regarding services rendered by this office.

Please be aware that any parent bringing a child to our office is legally responsible for payment of all services rendered.

If it is necessary to change your reserved appointment time, we request notification of at least 24 hours in advance of the appointment. Failure to keep an appointment or provide appropriate notification may result in a \$50 charge for the appointment time.

We will gladly discuss your proposed dental treatment and answer any question you might have as to the involvement of your denial benefit program in receiving this care.

We appreciate the opportunity to serve you.

Patient Signature

Date

Gateway Dental Representative

Date