



Glacier Dental  
2421 E. Tudor Road Suite 101  
Anchorage, AK 99507

### **Financial Policy of Glacier Dental**

We are committed to providing you with the best possible care available. If you have dental insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and understanding of our payment policies.

#### **Payment Options**

##### **Payment is due at the time of service**

We accept the following forms of payment:

1. **Cash**
2. **Credit Card- Master Card/ Visa/American Express/ Discover**
3. **Care Credit-** offers a separate line of credit to cover your entire family's health care needs. (Please ask the office staff for more information)

#### **Insurance Billing**

If you have dental insurance coverage, we will provide you with assistance in submitting a claim to your insurance company; however we will not accept payments for services from your insurance company on your behalf. Insurance is **not** considered a form of payment.

We will provide you with any and all information in order for you to be reimbursed by your insurance company with the following stipulations:

- **You are expected to pay for all services up front.** Payment is due on the date of service.

#### **Overdue Accounts**

Accounts with balanced over 60 days will be turned over to Cornerstone Collection Agency. We have a payment plan option through Care Credit if you wish to make use of this. Once an account has been referred for collection, the doctor-patient relationship is considered terminated. Your records will be referred to a dentist of your choice.

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**No Shows & Cancellations of Scheduled Appointments**

We incur the cost of dedicated providers and staff to provide scheduled appointments. We reserve the right to charge a fee for “no show” appointments and **appointments cancelled with less than 24 business hours notice**. A failure to present at the time of a scheduled appointment will be recorded in the patient’s chart as a “No Show.” An appointment that is cancelled with less than 24 hours notice is recorded in the patient’s chart as a “SNC” or short notice cancellation. We understand that there are legitimate reasons for a missed appointment, however, if **three (3) such events** occur in your chart we may ask you to find a new provider.

**Short Notice Cancelled Appointments** 1<sup>st</sup> time: \$50.00

2<sup>nd</sup> time: \$ 75.00

3<sup>rd</sup> time: Discharge from office

**No Show**

1<sup>st</sup> time: Warning and \$ 50.00

2<sup>nd</sup> time: Discharge from office

I have read and understand the above financial policy’s of Glacier Dental. I understand that I am financially responsible for all charges. I understand that Glacier Dental will not bill or accept payment from my insurance company on my behalf.

**Guarantor/Responsible Party Information**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City, State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Guarantor/Responsible Party’s Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## PRIVACY PRACTICES ACKNOWLEDGEMENT

You May Refuse to Sign This Acknowledgement

I, \_\_\_\_\_ have received the Notice of Privacy Practices, and I have  
been provided an opportunity to review it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### For Office Use Only

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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy practices, but  
acknowledgement could not be obtained because:

- Individual refused to sign
  - Communications barriers prohibited obtaining the acknowledgement
  - An emergency situation prevented us from obtaining acknowledgement
  - Other (Please Specify)
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