

# **GREAT LAKES FAMILY DENTAL GROUP**

**Gary R. Hubbard, DDS**

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3515 Coolidge Rd., Suite C

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(517)332-2422

## **OFFICE POLICIES / PROCEDURES**

We are pleased to have you as a patient in our practice. In order to best serve your needs, we would like to provide you with information concerning our office procedures and policies. We believe that you will appreciate this information and that this exchange of information greatly enhances our relationship.

Our goal is to provide our patients with the finest care available in a helping and supportive environment with a feeling of genuine care and concern.

## **APPOINTMENTS AND SCHEDULING**

Your time and our time is valuable. We will attempt to maintain our time schedule as closely as possible. Because emergency treatment is sometimes necessary, we may occasionally be delayed. We will try to contact you before your appointment if we are delayed. If this occurs, please be patient. This situation could be reversed, and you could be the one with the emergency.

We pride ourselves in the professional care and understanding we give to our patients. We hold ourselves to a **high** standard. Missed appointments have been an ongoing problem, and your appointment time is reserved exclusively for you. While some of these are due to unavoidable situations, many are due to simply forgetting or poor planning. If a true emergency prevents you from making your appointment, we would appreciate as much advance notice as possible. This would give us the opportunity to give the appointment time to another patient. Otherwise, *48-hours'* advanced notice is required to reschedule or cancel an appointment to avoid a cancellation fee. If this happens repeatedly, we may find it necessary to dismiss you from the practice.

## **FINANCIAL RESPONSIBILITY**

We must emphasize that as dental care providers, our relationship is with you, *not your insurance company*. We submit insurance claims on behalf of our patient, however, ultimately *dental insurance is a contract between a third party and the patient/employer, not a guarantee of payment*. Each month, we will provide you an itemized statement for services rendered. The undersigned agrees to pay in full the amount of each statement within 60 days after services are rendered regarding the undersigned's services, or services rendered to any dependents such as a spouse and/or minor children unless prior arrangements have been made. The amount billed is the cash price. If the undersigned pays later than 60 days after he or she receives services, the undersigned agrees to pay a time-price differential calculated at the rate of 1½ % per month of the balance until paid in full.

We attempt to maximize insurance benefits for our patients consistent with the particular needs of the individual case. There are situations, however, where significant co-payments are necessary to properly restore certain cases. Additionally, insurance benefits do not necessarily coincide with **need** in all cases. Certain necessary services are sometimes not covered or have limitations. Fees for services are due when rendered. However, in the event of your failure to pay for services rendered to you or a family member for whom you are financially responsible, you agree to pay all court costs and actual attorney fees incurred in

the collection of the debt. Consequently, all charges are ultimately your responsibility. In general, payment is expected at the time services are rendered. If you have any questions regarding the above information, or have any uncertainty regarding insurance coverage, **PLEASE** do not hesitate to ask us. We are here to help you. The cost in staff time, postage, and office supplies must ultimately be incorporated into the cost of care, and we are interested in keeping your care as affordable as possible. If this presents difficulty for you, financial arrangements should be made *in advance*. For your convenience, treatment may be charged to your Visa, MasterCard, Discover Card, or Care Credit (6 month plan).

## ***EMERGENCY CARE***

Our office policy is to see anyone who has a true dental emergency on a same-day basis. If you find yourself in this situation after hours, Dr. Hubbard may be reached at 517-896-6406, and Dr. Epley at 248-207-7544.

Thank you for your understanding of our policies. We feel fortunate to have developed a practice with the quality of people who appreciate good dentistry and who make a difficult job satisfying and rewarding. None of this would be possible without the help of a very dedicated and loyal staff. They include our Office Manager, Lori, our Registered Hygienists, Eve, Mary, Margo, and Anndrea, our Dental Assistant, Sandra, and our Scheduling Coordinator, Dawn. There is not a more caring, competent, and enjoyable group to work with.

Please feel free to ask any questions about your treatment or our policies. We look forward to serving your dental needs.

Gary R. Hubbard, DDS  
Tracey B. Epley, DMD  
And our Staff

Please sign and date below to indicate that you have read, understand, and agree to our policies.

\_\_\_\_\_  
Patient's Signature (or Parent / Legal Guardian if patient is a minor)

\_\_\_\_\_  
Patient Name (Please Print)

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