

**Robert D. Glassgow, D.M.D., P.A.**  
**Practice Limited to Periodontics**  
**2440 Statesville Blvd.**  
**Suite 210**  
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**(704)-633-0272 phone**  
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Our practice believes that a good doctor/patient relationship is based on understanding and open communication.

We hope that this review of our financial policies will prevent any misunderstanding or disagreements over our payment policies. Our office will be happy to answer any questions that you have and assist you in any way to help make your experience with us a pleasant one.

### **Your First Appointment**

If your dentist referred you for a *consultation only* there will be a charge for the consult. However, if Dr. Glassgow needs to take any x-rays of the areas in question, there will be a charge. If your dentist referred you for a *full mouth periodontal exam and consultation* you will be expected to pay in full for this first visit. It will include a full mouth series of x-rays, a full mouth periodontal exam including periodontal probing to measure the pocket depths surrounding your teeth, and a full oral exam/diagnosis.

### **Dental Insurance**

As a courtesy to you, we will gladly file your **primary** dental insurance forms for you. If you have a secondary insurance carrier, we ask that you file these claims yourself. We will be happy to assist you in any way in providing information that is needed to process secondary claims.

Dental insurance is a benefit, but can be very different from medical insurance. Many companies rarely pay as much or as quickly as you/we would like. We can only **estimate** what your insurance company will pay. We will help prepare the proper forms and assist in making collections from insurance companies and will credit any such collections to the patient's account. However, our office cannot render services on the assumption that all charges will be paid by the insurance company, and we ask that you pay the estimated amount not covered by insurance.

Our office does not have information on every individual policy or plan. The only information that we have is the information that you, the patient, provide to us. Therefore, we have no way of knowing whether or not you have met your deductible, met your yearly maximums, have any type of waiting periods for certain procedures, etc.

Please note that our office is not under contract with any insurance company for assignment of benefits—in other words, if your plan is part of a Preferred Provider Organization (**PPO**) or Provider Network Plan, your benefits may be reduced when seeing an “out of network” or “non-participating” provider.

### **Patients Without Insurance**

Patients without dental insurance will be required to pay in full at the time of service--**NO EXCEPTIONS**. We gladly accept cash, personal checks, Mastercard or Visa. There will be a \$25.00 service charge for all returned checks. If needed, we also offer an *interest free payment plan* through Bank One that allows you to make monthly payments on your account.

Thank you for choosing our office. We look forward to seeing you.

Office Staff