

**Greiner Dental Associates, Inc.**  
**Financial Policy** **Date** \_\_\_\_\_

**In order to provide your dental need at the most affordable cost, our dental staff requires payment at the time of service.**

**IF YOU HAVE INSURANCE**

Greiner Dental Associates, Inc. accepts dental insurance carriers. As a service to our patients, we will submit an insurance claim provided we have that information on file. If you have a percentage that you are responsible for, this will be collected when you arrive for your appointment. In the event your dental plan determines a service to be "not covered", you will be responsible for the complete charge. A statement will be sent to you and payment is due upon receipt of that statement.

If Greiner Dental Associates, Inc. does not have a participating agreement with your carrier, a claim will be submitted on your behalf. You will be notified of any unpaid balance through receipt of statement. Payment is due upon receipt of that statement.

**SELF PAY**

If you are without dental insurance, our staff will require payment in full at the time of service. If full payment cannot be made within 30 days, our staff will be happy to arrange a payment agreement. This must be done at the beginning of treatment.

**COLLECTIONS POLICY**

If, after 90 days from the date a statement is first received, any balance that remains on your account, will be transferred to an outside agency or other means to pursue your account. To avoid this, please call the office to make special arrangements regarding a payment agreement.

**\*A 5% DISCOUNT WILL BE APPLIED IF CASH PAYMENT IS RECEIVED IN FULL FOR THE SAME DAY OF SERVICE WITH A "0" BALANCE ON ACCOUNT.**

**\*A 5% DISCOUNT WILL BE APPLIED TO SENIOR CITIZENS AGE 62 AND OVER.**

My signature below indicates that I have read and fully understand the terms of this financial policy.

**PATIENT** \_\_\_\_\_ **GUARANTOR** \_\_\_\_\_