

Financial Agreement

One of our goals at Gentle Dental Care is to assist you in paying for necessary and cosmetic dentistry. We offer the convenience of payment by cash, check, VISA, MasterCard at the time of service. For our patients with insurance, we are happy to submit your claims for you and when we receive payment, charge your credit/debit card for the balance. **Dr. Grieco is an in-network provider with Anthem Blue Cross Blue Shield, Delta Dental Premier and United Concordia.**

Please take a moment to review the financial procedures.

On any procedure over \$500 we offer a 5% courtesy adjustment for payment in full, unless insurance is involved.

On certain procedures you may pay your balance, with a monthly agreed-upon amount for up to six months. A credit/debit card is required for monthly payments, which are deducted automatically.

We are happy to accept payment from your primary insurance company directly to Gentle Dental Care. We request co-payment at the time of service. Our office is committed to helping you maximize your insurance benefits. Because insurance policies vary greatly, we can only estimate your coverage in good faith but cannot guarantee coverage due to the complexities of insurance contracts. Please remember the contract itemizing your dental benefits is between you, your employer, and your insurance carrier.

For those patients with insurance, please note the following:

_____ It is your responsibility to confirm insurance eligibility, waiting periods, and benefits.

_____ Also understand that this office cannot guarantee your insurance status in any of these areas.

_____ Any insurance estimate or information given to you by this office is not a guarantee of actual insurance payment.

_____ If your dental plan does not pay within 60 days of treatment all outstanding balances are to be paid by the patient and you may seek reimbursement from your dental plan benefits.

I, _____ (print your name), accept full financial responsibility for this account and for all dentistry performed upon my dependents in this dental office.

Signature of Patient/Guardian

Date

***Celebrating Generations of Smiles!
We welcome new patients.***