Grateful Dental of Geneva, pc

404 W. William Street, Suite 1 Geneva, New York 14456 (315) 789-6057

Financial Policy & Appointment Information

Appointments

If you are unable to keep your appointment, please give us at least 24 hours advance notice so we may offer your time slot for someone else. We value your time by staying on schedule and expect the same. A reserved visit is time saved just for you.

• Payment Options

Full payment for services rendered on the day of treatment is expected, unless other arrangements have been made in advance. We accept cash, checks, and all major credit/debit cards. Returned checks are subject to a service charge. We offer financing through Care Credit- depending on your credit and eligibility, you may qualify for an interest free payment option. A 5% cash courtesy is available for full payment of major treatment plans over 1,000.

• Insurance

At Grateful Dental, our relationship, loyalty, and commitment are to you as our patient, not your insurance carrier. Our goal is to provide you with complete and quality oral healthcare. We will do our best to maximize what your insurance reimburses you and to submit your claims so as to minimize delay in your reimbursement.

By signing below you are acknowledging that you have read and understand to regardless of your insurance status, you are responsible for the balance of your insurance status, you are responsible for the balance of your insurance status, you are responsible for the balance of your insurance status, you are responsible for the balance of your insurance status, you are responsible for the balance of your insurance status, you are responsible for the balance of your insurance status, you are responsible for the balance of your insurance status, you are responsible for the balance of your insurance status, you are responsible for the balance of your insurance status, you are responsible for the balance of your insurance status, you are responsible for the balance of your insurance status, you are responsible for the balance of your insurance status, you are responsible for the balance of your insurance status, you are responsible for the balance of your insurance status.	3
Print Name:	_
Signature:	Date: