

Methods of Payment

1.) Cash or Check

- "Pay Today Courtesy Discounts" available. (ask our treatment coordinator for details)
- 5% discount is given to all senior citizens without dental insurance

2.) Credit Cards

- We accept most major credit cards
- Discounts do not apply when paying with a credit or debit card

3.) Convenient Monthly Payment Plans

- No Interest Options (application/qualification necessary)
- No annual fees or pre-payment penalties
- Allows you to pay more over time

4.) In-House Financing

- A finance charge of 12% interest will be applied to accounts 90 days past due.

- ❖ A \$25.00 charge will be applied for all returned checks.
- ❖ A \$35 charge will be applied for a canceled or failed appointment with less than 24 hours notice.
- ❖ Only one discount per patient.

At Green Valley Dental, we provide our patients with exceptional treatment in good faith that **full payment will be received at the time of service.** Should you decide to discontinue treatment prior to completion, your refund will be determined upon review of the case.

If you have any questions, please **do not hesitate** to ask!! We are here to make your dental experience as comfortable and easy as possible.

Patient Name

Date

Investment in Your Health

Recommended Procedure(s)

1. _____
2. _____
3. _____
4. _____

Green Valley Dental's Fee

\$ _____

Negotiated Fee with Your Insurance

\$ _____

ESTIMATED Insurance Benefit and Coverage (%)

ESTIMATED Investment by You

\$ _____

Calculations

-I give my full, informed consent for Green Valley Dental to perform the recommended procedures on me.

-I fully understand that the figures mentioned above are only ESTIMATES based on the information that was given to Green Valley Dental by my insurance company and this does not guarantee reimbursement towards my recommended/completed treatment.

-I fully understand that I am ultimately responsible for any costs associated with my treatment, even in the event my insurance company doesn't provide the expected estimated benefit or denies the claim.

Patient Name

Date