



GRAND AVENUE DENTAL, LLC - Financial Policy

Thank you for choosing Grand Avenue Dental, LLC. Our primary mission is to deliver the best and most comprehensive dental care available. As part of that mission we will try to make the cost of optimal care as easy and manageable for our patients as possible, without becoming a financial lending institution ourselves, by offering several payment options.

All of our dental services require payment at the time the service is provided.

- For our patients with dental insurance, your portion of the payment is required at the time your service is provided.
 - We are happy to work with your carrier to maximize your insurance benefit and directly bill them for reimbursement for your treatment.³
- For our private pay or uninsured patients we offer two options.
 - An annual membership for Grand Avenue Dental (GAD) Affinity discount plan for discounts from 7% to 50% can be purchased. Ask the schedule or treatment coordinator for details.
 - A 3% courtesy adjustment for payment in full at the time of service via credit or debit card or a 5% courtesy adjustment for payment in full with cash or check.
- Payment options include: Cash, Check, Visa, Mastercard, American Express or Discover Card
- We also participate with CareCredit in offering no interest¹ payment plans²
 - Which allow you to pay over time with no interest¹
 - Convenient, low monthly payment plans², with interest, are also available
 - With these plans there are no annual fees or pre-payment penalties

Please note:

Grand Avenue Dental, LLC does require payment at the time of treatment. For all accounts that are not paid in full, account holders are subject to a credit history report request and interest / late fees. On any account that requires collections follow-up, the account “responsible party” will be charged any collections fee that is assessed by the collections company.

A bank fee will be assessed for all NSF returned checks.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want and need.

Please sign - I have read and understood the financial obligations above:

Responsible party for account: _____

¹If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required.

²Subject to credit approval

³If we do not receive payment from your insurance carrier within 30 days, you may be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.