

GRAND RIVER DENTAL GROUP

GRAND PROFESSIONAL CENTER
8641 WEST GRAND RIVER, SUITE 7
BRIGHTON, MICHIGAN 48116
TELEPHONE (810) 227-2323

FINANCIAL AGREEMENT

PATIENTS WITHOUT DENTAL INSURANCE:

Patients who do not have dental insurance are responsible for full payment at the time of service (if the patient is a minor then the accompanying parent, guardian or adult will be responsible for payment).

PATIENTS WITH DENTAL INSURANCE:

We will bill your insurance company at the time of service. However, if there is a balance, it is your responsibility, whether your insurance company pays or not. All co-payments and deductibles are due at the time of service. Please be aware that some, and perhaps all, of the services provided maybe non-covered services and not considered reasonable by your insurance company.

USUAL AND CUSTOMARY RATES:

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. **YOU ARE RESPONSIBLE FOR PAYMENT REGARDLESS OF ANY INSURANCE COMPANY'S ARBITRARY DETERMINATION OF THE USUAL AND CUSTOMARY RATES.** Your insurance policy is a contract between you and your insurance company. Grand River Dental Group is not a party to that contract.

MISSED APOINTMENTMENTS:

Unless canceled at least 24 hours in advance, our policy is to charge for a missed appointment at the rate of a normal office visit. Please help us serve you better by keeping scheduled appointments.

X _____
Signature of Patient or Responsible Party

Date _____

X _____
Signature of Patient or Responsible Party

Date _____