

13780 W. GREENFIELD AVENUE BROOKFIELD, WI 53005 (262) 782-4860

Thank you for choosing Greenbrook Dental Group. Our mission is to deliver the best and most comprehensive dental care available in a caring, comfortable environment. We believe that everyone benefits when financial expectations are understood prior to receiving treatment. In that spirit, we would like to share with you our financial policy:

FINANCIAL POLICY

At Greenbrook, full payment is expected when services are rendered. For major work, if you choose not to make full payment at the time of service, we require 1/2 payment at the onset of treatment, and the final 1/2 at the insert/completion appointment. In an effort to make the cost of optimal dental care as easy and manageable for our patients as possible, we offer several payment options:

- ❖ CASH OR CHECK If you **do not** have dental insurance, a 5% discount will be extended when paid in full on <u>same day</u> as treatment is completed (up to \$5,000.00 in treatment fees).
- CREDIT CARD OR DEBIT We accept all major credit cards. Because we pay a fee for the service, the 5% discount does not apply.
- ❖ In Office Payment Plans If you need to set up a payment plan, it must be pre-approved by the Office Manager prior to start of treatment. We are unable to extend a payment arrangement beyond three months.
- ❖ CARE CREDIT If you are interested in extending your payments beyond what is offered in our office, you may be eligible for a one year interest free loan. It requires a credit application be completed and approved. Contact information is available through our office, but all arrangements are made directly between patient and Care Credit.

Patients with Dental Insurance:

We will submit a pre-estimate of treatment and any claims for service to your insurance company at no charge. Dental insurance rarely covers the total cost of treatment, and we often encounter long delays in receiving insurance payments. Therefore in all major cases, ½ of the fee is due when treatment begins and the balance is due at the completion appointment, less the estimated insurance payment. Patients are responsible for full balance, regardless of what insurance may pay.

If you have any questions or concerns, please do not hesitate to ask. We are always happy to answer your questions and help in any way we can.

Please note: The patient is responsible for all fees on delinquent accounts that go to collections		
Patient Signature	Date	