

GRANDVILLE DENTAL HEALTH CENTER, P.C.

4050 Del Mar Drive SW, Suite B

Grandville MI 49418

(616) 531-0360

FINANCIAL POLICY

On behalf of our entire staff, we would like to welcome you to our practice. It is the goal of our office to provide for your dental health as thoroughly and as efficiently as possible.

In order to simplify the paperwork involved with hundreds of insurance carriers, we generate a standard insurance form that your carrier should accept. You will not need to bring any insurance forms once we have obtained your insurance information from the patient registration. This automation allows us to coordinate your insurance benefits quicker as well as more accurately. **Your co-pay is due at time of service.** If you should have any questions about your coverage or our fees, we encourage you to inquire before treatment is started. **If you do not have insurance, your balance is due at the time of service. We accept personal checks, Visa, Mastercard, Discover and American Express.**

If you should need to change your appointment, please provide 48 hours notice. This gives us opportunity to fill your appointment time.

Again, thank you for allowing us to provide for your dental care. We look forward to helping you with your dental needs.

I have read and understand these terms. Please sign and date below.

Name

Date

Larissa K. Bishop, D.D.S.

Rebecca A. Vander Baan, D.D.S.