

# Giebenhain/Creekside Family Dental

5851 Duluth St., Ste. 103, Golden Valley, MN 55422

## Financial Policy

Thank you for choosing Giebenhain/Creekside Family Dental as your oral health care provider. We believe in the importance of quality dental care. We strive to provide the best dental treatment possible. Our primary goal is that you receive the optimal treatment needed to restore and maintain your dental health.

Payment is due at the time services are rendered. If you have dental insurance you are expected to pay your estimated deductible and co-insurance at the time of service. We accept cash, personal checks, money order, Visa, Master Card, Discover, and American Express. We also offer easy payment options through [Care Credit](#).

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. As a courtesy, we submit your claims to your insurance company for you and assist you in maximizing your benefits. However, you are responsible for the bill, regardless of your insurance coverage. If you did not bring your insurance card to your appointment today, and you are an established patient, we will use the insurance information Giebenhain Dental Associates has on file. If your insurance coverage is not in effect for this date of service, you agree to accept responsibility for the charges in full.

We mail statements to all patients with an outstanding balance. We do not accept payment plans. Unpaid balances over 30 days will be assessed an 18% annual finance charge. If your account becomes over 90 days past due, you may be contacted by a third party for collection purposes. At this time you may also be responsible for any collection fees acquired. A \$40 fee will be added to your account for any returned checks.

In order to serve you better we request two office days' notice to cancel or reschedule an appointment. We reserve the right to charge a fee for failed appointments. Further action may be taken for repeated failed appointments.

Again, thank you for choosing us as your dental office. We appreciate your confidence in us and the opportunity to serve you. If you have any questions or concerns regarding our financial policy, please feel free to ask us.

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Signature of Patient or Guarantor

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Date