

**OFFICE PAYMENT POLICY**

Greggory Elefterin DDS

For patients with no insurance coverage, payment in full is required at the time of service. Payment may be made with cash, check, Visa, MasterCard, Discover, American Express, or Care Credit.

For patients with insurance coverage, a 20% co-pay will be due at the time of service. Your insurance benefit may cover the remainder of the fee. However, you are fully responsible for any portion of fees that are not covered by your insurance company.

Patients with Delta Dental insurance coverage are required to pay for treatment in full at the time of service. Delta Dental will mail your benefit reimbursement directly to you.

For Multi-Visit Restorative Treatment: (Crown, Bridge, Dentures, Ect.) Payment is required in installments based on the number of visits required to complete your treatment. Payment in full is required either on or before your final appointment.

To reduce financial hardship, we do offer a 6 or 12-month interest-free payment plan through Care Credit. This option is based on credit approval by Care Credit.

I understand that in the event I am unable to keep my agreed-upon financial obligations, I will communicate with the office financial manager and make new payment arrangements. In the event I fail to uphold that agreement, I understand that penalties and interest will accrue up to 25% additional fees.

**I understand that by fulfilling all of my financial obligations I enable the practice to continue to provide excellent care for a reasonable fee.**

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Patient Signature

Date

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Authorized Signature