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Financial and Cancel Policy

Thank you for choosing us as the provider of your dental care. We are committed to providing quality services and to the success of your treatment. We will discuss our findings and treatment options with you following your examination. We will also discuss with you the estimated cost of treatment. We want you to be aware that treatment may change by either your own or doctor discretion during treatment.

Full payment is due on the day service is provided unless special arrangements have been made prior to treatment. We are sensitive to the fact that some patients may not be able to pay cash for their treatment; therefore, we offer alternative payment programs for your convenience. **We accept Cash, Checks, Debit Cards, MasterCard, Visa and we have Outside Financing Available.**

For patients without insurance, a 5% discount is offered for payments made in full with cash or check the day of service.

Insurance:

The patient must provide a dental insurance identification card. For patients who are covered by insurance, we do provide the service of submitting your insurance claims for you. We are not accountable for your insurance company's preference of treatment, amount of payments or time of payments. **Payment is due in full, for the estimated amount not covered by insurance, on the day the service(s) are provided.**

Payment options available, arrangements must be made prior to treatment.

Cancel and Fail policy:

To better serve our patients we ask that you provide 24 hour notice to cancel or reschedule appointment. Failure to do so three or more times in a one year period could result in a \$50 broken appointment fee and or dismissal from the clinic. Thank you for your understanding.

Signature of Patient or Responsible Party

Date _____

Please Print Patient's Name

Relationship to Patient _____

***Past Due Accounts:** Patients may have their treatment stabilized and suspended if their account becomes delinquent. Only emergency treatment will be provided until the balance is paid in full. Should the account be referred for collection the above signee shall pay reasonable attorney's fees and collection expense.