

Grandville Family Dental Care, P.C.

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Financial Policy

We understand that dental treatment can be costly and we have several flexible payment options to assist you in paying for your dental treatment.

We ask for full payment at time of service unless other arrangements have been made prior to your appointment. If you have insurance*, we ask you to pay your co-pay in full at time of service. If the cost of treatment exceeds \$500 and the amount is paid in full at time of service, a 5% discount will be applied for cash and check payments (not credit cards).

Senior Citizens who pay their balance in full at time of service will receive a 5% discount if paid with cash or check.

We do accept most major credit cards. Please provide our front desk staff with your credit card information and we will apply your balance to your card.

If you did not bring any methods of payment with you, we will provide you with a walkout statement. Payment is expected in 15 days.

If you cannot pay your balance in full, we offer convenient financing through CareCredit. CareCredit offers interest free financing for 3 and 6 months as well as 12 and 18 month financing with a one time finance charge depending on the term of the loan. They also offer standard financing on longer term loans. One of our front desk team members can help you with the application process and approval can often be obtained over the phone.

Patients with balances that are not paid within 90 days of their due date will be sent a 10 day notice. If payment is not received in 10 days, your account will either be turned over to a collection agency or a small claims suit will be filed with the City of Grandville. You will be legally responsible for all charges incurred on your account, as well as any costs associated with collecting the total account balance.

If you have extenuating circumstances, and cannot pay your balance by any of the above methods, please let us know. We are willing to be flexible and work with you to pay for your dental treatment. We value you as a patient and thank you for choosing us as your dental office. Please feel free to call us with any questions or concerns.

*Patients with Blue Cross Blue Shield insurance are expected to pay their balance in full at time of service and the insurance payment will be mailed directly to the insured patient from the insurance company.

I have read the above financial policy and have been given the opportunity to ask any questions that I might have. I agree to the terms set forth in the above policy.

Patient's Signature

Date