

DR. Mark Groskin & Associates
1109 English Rd.
Rochester, NY 14616
585-225-7070

FINANCIAL POLICY

This is an agreement between Mark I. Groskin DDS & Associates and the patient named on this form.

By executing this agreement, you are agreeing to pay for all services that are received for yourself and all immediate family members in your household, (this includes insurance payments of course!)

Payment options if you have no insurance:

1. You choose to pay by cash, check, or credit card on the day that treatment is rendered.
2. On treatment involving laboratory fees (crowns, bridges, dentures, etc.) you may choose to pay 50% on the preparation date and the balance at the time of the insert.
3. On extensive treatment, you may prefer to secure a bank, credit union, or other third-party financing for the entire amount and make payments to the lending institution.
4. We offer special financing through Care Credit. The Care Credit plan is similar to a credit card. We will give you a 1-800 number to call, they'll ask you for some information, we'll tell them how much your treatment plan cost, and they will tell us if you're approved for a loan and you would make low monthly payments directly to them. If you're interested Care Credit please ask Donna or Jill at the front desk.

Payment options if you have insurance:

1. You choose to pay your deductible (if applicable) and any out-of-pocket portions at the time services are rendered by cash, check, or credit card. (This option applies if Dr. Groskin participates with your insurance.)
2. You choose to pay all of your treatment by cash, check, or credit card. We will request your insurance carrier send their payment directly to you. (This is mandatory if Dr. Groskin does NOT participate with your insurance).
3. On extensive treatment (crowns or bridges) you may choose to pay 50% of your out-of-pocket portion on the start or preparation date, and the balance on the completion or delivery date. (Normally three weeks later.)

Insurance: Insurance is a contract between you and your insurance company. We are NOT a party to this contract, in most cases. We will bill your primary insurance company as a courtesy to you. Although we may estimate what your insurance company may pay; it is the insurance company that makes the final determination of your eligibility. You agree to pay any portion of the charges not covered by insurance insurance company.

Required payments: Any co-payments required by an insurance company must be paid at the time of service. Because this is an insurance requirement, we cannot bill you for these.