

PAYMENT METHOD PROTOCOL

The doctors and staff of General Dentistry Centers are committed to delivering optimum dental care for you and your family. As an added courtesy, we have made the following payment options available to you. Please note that payment is expected at the time services are rendered.

- **CASH**
- **BANK/CHARGE CARDS**
Visa, Mastercard, Discover & American Express are accepted
- **PERSONAL CHECKS**
Your check is welcome granted that your address, telephone number, and driver's license number is printed on the check. Please note in order to protect our patients we do require identification for accepting checks. We also use a Telecheck service, which electronically withdraws the payment from your account. There will be a thirty-five dollar (\$35) returned check fee applied to your account in the event that the bank denies your check for any reason. Payment will be expected within 48 hours of notice from the bank, in cash or by credit card.
- **THIRD PARTY FINANCING PARTNERS**
We have partnered with a wide range of third party financing partners in order to offer a more flexible opportunity for financing your dental treatment. Please speak with one of our qualified treatment coordinators to learn more.
- **DENTAL INSURANCES**
*We accept several different dental insurances. Please present information to receptionist prior to starting any dental work. We will make every effort to verify your benefits prior to your appointment. However, we can only offer an **estimate** of your dental benefits. **If your insurance company underpays, regardless of your estimate, you will be ultimately responsible for the balance.** Our insurance staff will be happy to assist you with any questions you may have.*

Monthly statements are sent to all patients with an account balance, regardless of your insurance status. Accounts are subject to collections if delinquent more than 90 days. Please feel free to discuss any problems regarding your account with our staff. We value your business and are here to help you obtain the treatment you need.

I have read and understand the payment method protocol of General Dentistry Centers and I agree to be bound by its terms. I also understand and agree such terms may be amended from time to time by the above named practice.

Patient Name

Relationship to Patient

Signature of Patient/Responsible Party

Date



4502 S. McColl • Edinburg, TX 78539 • (956) 630-4900
