



Chris Bentley DDS

6830 S Liverpool St Unit A | AURORA CO, 80016 | (303) 400-3483

Written Financial Policy

Thank you for choosing Grandview Dental. Our primary mission is to have all of our patient in optimum oral health. An important part of the mission is making the cost of your care easy and manageable. We make this possible by offering several payment options.

I understand that Dr.Chris Bentley requires payment prior to the completion of my treatment. If I choose to discontinue care before treatment is complete, my refund will be determined upon review of my case.

I understand that any estimate given to me is just an estimate. I understand that my insurance may not pay exactly as estimated. I understand my insurance is an agreement between me and my insurance company. I also understand that I am responsible for my balance regardless of my insurance.

Payment Options:

You can choose from:

- Mastercard, Visa, Discover Card, Cash or Check
- For Treatment Investments of \$800 or more, we ask for prepayment at time of scheduling.
- Convenient Monthly Payment Plans¹ from CareCredit
 - o Allow you to pay over time
 - o Interest free
 - o No annual fees or pre-payment penalties

Chris Bentley DDS charges \$20 for returned checks.

If you have any questions, please do not hesitate to ask. Our mission is to have all of our patients at optimum oral health.

As a courtesy to other patients we kindly request 2 business days' notice when rescheduling appointments.

A fee of \$50 is charged for patients who miss or cancel more than 1 time in a calendar year without 2 business days' notice.

I am responsible for any return check fees, collection fees and attorney/court costs.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)