

# Gregory P Martin DDS

1210 Lancaster Drive | CHAMPAIGN IL, 61821 | (217) 359-3925

## Written Financial Policy

Thank you for choosing the office of Gregory P. Martin, DDS, PC Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

### Payment Options:

You can choose from:

- **Cash, Check, Visa, MasterCard, Discover Card or American Express**
- **Care Credit:** Subject to credit approval
  - 6 Months same as cash with a balance over \$300.00
  - 24 months 14.9% interest with a balance over \$1000.00
  - No annual fees or pre-payment penalties

Please note:

Gregory P. Martin, D.D.S. requires payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

For patients whose insurance company does not pay Dr. Martin directly or for those without insurance, we ask for payment in full at the time of service. For patients with dental insurance that reimburses Dr. Martin directly, we are happy to work with your carrier to maximize your benefit and file on your behalf for reimbursement for your treatment. All deductibles and copayments must be paid at the time of service.

A fee of \$30.00 is charged for patients who miss or cancel more than 3 times in a calendar year without 24-hour notice.

A \$30.00 fee will be assessed for returned NSF checks.

An interest charge of 1.5% or 18% annually is charged on any unpaid balance.

If Dr. Martin does not receive payment from your insurance carrier within 90 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.

In the event your account becomes past due, it may be turned over to a collection agency and/or attorney for collection. If your account is not paid in full and this account is turned over to a collection agency and/or attorney, then you are responsible for all reasonable fees necessary for the collection of the delinquent account including, but not limited to, collection agency fees of 50% of the balance due and the costs and reasonable attorney's fees of 33% of the balance due.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

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Patient, Parent or Guardian Signature

Date

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Patient Name (Please Print)