

Progressive Dental Group

21580 Novi Rd. #100, | NOVI MI, 48375 | 2483497560

Written Financial Policy

Thank you for choosing Progressive Dental Group. 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 or Discover Card
- Convenient Monthly Payment Plans¹ from CareCredit
 - o Allow you to pay over a period of time
 - o No annual fees or pre-payment penalties
 - o May allow for interest free payments
- For plans requiring multiple appointments, alternative payment arrangements may be provided.
- **Progressive Dental Group requires payment at the completion of your treatment.**
- For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.

Please note:

If we do not receive payment from your dental insurance carrier within 60 days, you may be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.

If a balance goes past 120 days, we will pursue that unpaid balance through means of small claims court or an outside collections company.

For medical accident claims, we are happy to provide you with all the necessary paperwork, but payment is required in full and is the patient responsibility.

Progressive Dental Group charges \$35 for returned checks.

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

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

¹Subject to credit approval