



GULFSIDE DENTAL PAYMENT POLICY

Gulfside dental is committed to keeping dental fees as affordable as possible for our patients. With the rising cost of healthcare, we take measures to provide high quality care at a reasonable cost.

Payment Options & Methods

The most effective way to keep our fees low is to collect payment in full at the time services are rendered. If your procedure involves -2- or more visits, 50% of the fees are to be paid on the first visit leaving the total balance due on the finish date. Payment in full is expected on the day that your treatment will be completed. For your convenience we accept cash, credit/debit card or check.

Insurance Holders

We do our best to maximize your insurance benefits. However, payment is unpredictable and insurance companies occasionally deny payment. Our office will make every effort to collect payment from your insurance company, but ultimately you (the patient) are responsible for payment of services provided to you. In the event we don't participate with your plan we are happy to submit claims to your carrier on your behalf. Payment will be due at the time of service. Should you have any questions please speak with our office manager.

Payment by Check

A picture ID is required for anyone submitting a check as payment. Unfortunately check and identity fraud is at an all-time high. Therefore in order to protect our patients as well as ourselves from falling victim, we require a photocopy of a valid picture ID. Only checks with a printed name and address as well as a check number higher than 200 will be accepted. NO STARTER CHECKS. This allows us to control fees incurred by the bank for returned and fraudulent checks.

Payment Plans

We do not provide an in-house payment option. If you have extenuating circumstances that you feel should be taken into consideration, they need to be discussed with the office manager before you start any treatment. We do offer 3rd party financing through CareCredit and Springstone financial.

Thank you for your continued support and understanding regarding our policies.

Signature _____ Date _____

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