

**Glaser Dental**

24 Brown Boulevard  
Rothschild, WI 54474  
Phone: 715.359.4344  
Fax: 715.359.7733  
Email: smile@tylerglaserdental.com



*Please sign and bring to appointment*

**Financial Policy**

The team at Glaser Dental is committed to preventative dental care. Keeping the healthy teeth you have is of foremost importance to us. With your help and our treatment plan, we as a team will work to keep your restorative costs down!

Please understand that payment of your bill is considered part of your treatment.

Glaser Dental has many different options available for you to use when paying your bill.

Please keep the lines of communication with our office OPEN!! If you have questions or concerns about your bill, and or balance, please talk with the reception staff as soon as possible.

**For patients WITHOUT insurance:**

We ask that you pay in FULL on the day of your appointment. We accept cash, check, and credit cards. You are given a **5% discount** of your total fee for payment made with credit/debit card and an **11% discount** for payment made with cash or check. Discount only available for non-insured patients.

**For patients WITH insurance:**

We will do everything possible to help you maximize all of your dental benefits. As a courtesy, we will be happy to bill your insurance for services provided to you.

Please remember that the contract is between you, your employer and your insurance carrier. Dental Insurance plans are not designed to cover all of your dental needs. YOUR amount of insurance coverage is based on the plan you and your employer have selected and purchased.

You will be responsible for the patient portion of on the day of service plus any deductibles or co-pays.

Major credit cards accepted:



I understand and agree to uphold the above stated policy.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Patient Name: \_\_\_\_\_