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 Debbie 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 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.

Financing options for ALL patients (with or without insurance)

For balances over $300.00

- 1/2 HALF is due on day of service
- The other 1/2 HALF is due within thirty (30) days of services rendered.
- Financing through CARE CREDIT is available for patients who qualify. Using Care Credit will enable you to extend your monthly payments up to one year without interest. Please ask Debbie at the reception desk for further details. Care Credit is not owned or operated by Glaser Dental.
- Major credit cards accepted:

I understand and agree to uphold the above stated policy.

Patient Signature: _____ Date:_____

Print Patient Name: _____