

NorthPark Dental Group

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Written Financial and Office Policy Consent

Thank you for choosing NorthPark 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 a variety of financial options.

INSURANCE AND PAYMENT POLICIES:

- NorthPark Dental Group ***requires payment at the time of your treatment***. For treatment requiring multiple appointments, alternative payment arrangements may be provided. It is our policy that the parent or guardian who accompanies a child to our office for treatment is responsible for payment of all treatment rendered. We do offer financial arrangements with a 10% processing fee added up front.
- For your convenience we accept cash, personal checks or credit cards (VISA, MasterCard, Discover).
- We also accept NO INTEREST¹ Payment Plans² from CareCredit.
- NorthPark Dental Group charges \$35 for returned checks.
- A finance charge of 1.5% per month or 18% per year will be charged on any balance over 90 days. If your account is assigned to an attorney for collection, you will be responsible for any charges.

For patients with dental insurance it is your responsibility to provide the office with current and correct insurance information.

- Your insurance is a contract between you, your employer, and the insurance company. We are not part of that contract. We are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.
- Insurance coverage on any treatment case presentation is an estimation, your actual cost could be different. We do not always know if you have a deductible, if your deductible has been met, or if you have co-insurance. It is your responsibility to know this information. We require that any applicable deductibles and estimated patient portion be paid at the time treatment is rendered. Since we cannot guarantee your exact insurance coverage, there may be a balance remaining after insurance payment is received. Any insurance estimate given is not a guarantee of actual insurance payment. Not all services are a covered benefit and a pre-determination of benefits will only be sent to the insurance at your request.
- You, the patient, are ***responsible for all amounts not covered by your insurance carrier***. If we do not receive payment from your insurance carrier within 60 days or if your dental claim is denied, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.

OFFICE POLICIES:

Your appointment time is set specifically for you. We request that you give our office ***at least 24 hours notice*** in the event that you need to reschedule or cancel your appointment with the dentist or hygienist. If you miss an appointment without providing us with proper notice we will consider this a missed appointment and ***an \$85 fee may be assessed to reschedule your appointment***. This fee will NOT be applied to your rescheduled procedure. 3 or more missed or cancelled appointments without 24-hour notice, may result in dismissal from the practice.

As a courtesy, we make confirmation calls and/or email and/or text messages to you. If you do not receive your messages or we have incorrect information, the cancellation policy will still be in effect.

CONSENT:

I have read and understand the information above and have been given the opportunity to have all my questions answered. 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)

¹If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required.

²Subject to credit approval