

FINANCIAL POLICY

Thank you for choosing us as your dental care provider. At Northpark Dental Associates, we believe you deserve the best care. Anything we say or do will be centered on that philosophy. We are committed to your treatment being successful and maintaining good oral health. Please understand that the payment of your bill is considered part of that treatment. The following is a statement of our FINANCIAL POLICY, which we ask you to read and sign in acknowledgement.

PAYMENT FOR SERVICES RENDERED: Patients are responsible for payment of all services rendered on their behalf, or their dependents. Payment is due in full at time of service, unless previous arrangements have been made and are fully understood and agreed upon by both parties.

For your convenience we accept Cash, Personal Checks, Visa, Mastercard, Discover and American Express. We offer outside financing through Care Credit. We also offer a 5% prepayment discount for treatment with fees over \$1400.

We ask that all cleanings and check-ups be paid for at the time of service unless prior arrangements have been made. We ask that you guarantee your account with a credit card if we file insurance for you. If a balance is left over, we will place the balance on the credit card on file after notification. You may also pay in full at the time of service or leave a blank check.

CC#

Exp. Date

Zip Code

CVV #

RETURNED CHECKS: There will be a \$25 return check fee added to your account for insufficient funds or checks returned as non-payable.

FINANCE CHARGE: If you do not pay your balance within 30 days of the monthly billing cycle a **Finance Charge** of 1.5% per month (or a minimum of \$5.00 for balances under \$100) which is an APR of 18% will be applied to last month's balance. In case of default of payment, you will be responsible for interest, collection costs and attorney fees incurred to collect collection of your account.

I HAVE READ AND UNDERSTOOD THE FINANCIAL POLICY.

Signature

Date