

Northridge Dental Group

FINANCIAL POLICY

The office staff of Northridge Dental Group is proud to be part of a team whose primary mission is to deliver the finest and most comprehensive dental care possible. As part of our service, we try to contain the ever-rising cost of dental care. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy that we ask you to read and sign prior to your treatment. Payment is due at the time of service unless other arrangements are made prior to treatment.

INSURANCE

As a courtesy, we will gladly process your insurance claim, estimate your deductible and the portion not covered by your primary insurance. The estimated amount not covered by your primary insurance is due at the time of treatment and may be paid by any one of the options listed below. Our estimates are subject to final Payment by your insurance company; therefore, the amount due our office is subject to change. Please be aware that, while our office will do everything we can to assure that your claims are filed and followed up properly, those claims that remain unpaid for more than 90 days become the patient's responsibility.

PAYMENT OPTIONS

- **Cash** – includes money orders and personal checks.
- **Visa, Mastercard, Discover, American Express** – we accept credit cards as payment for treatment to the extent our credit limit permits.
- **CareCredit, Capital One** – offer a separate line of credit to cover your entire family's health care needs. A credit line can be established and approval usually takes less than ten minutes.
 - Interest-free option
 - No annual or membership fee
 - Monthly payments as low as 3% of the outstanding balance

We will be happy to work with you to plan the most appropriate arrangements for your budget. Financing your treatment will allow you to begin your treatment immediately and spread the cost over a period of time. Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns.

I acknowledge that I understand and accept the Financial Policy of Northridge Dental Group.

Patient Signature

Date

2/08