

Financial Agreement

The insurance deductible and insurance co-payment will be due on the date of service. Any balance owing after insurance has paid is due from the patient 15 days after receipt of the first statement. All accounts with balances owing will be assessed a finance charge of 1.5% (18% per annum).

Patients without insurance understand that they are responsible for 100% of the fees on or before the day of treatment. Any necessary financial arrangements must be made prior to work being started.

Northern Lights Dental accepts Visa, MasterCard, Discover Card, American Express and Care Credit.

An estimate for the cost of prescribed treatment will be provided to patients. Patients with insurance understand that insurance benefit information is provided to Northern Lights Dental by their insurance company. We cannot be held responsible for 100% accuracy on any insurance estimate for treatment.

Past due accounts may be sent for collection. The patient will be notified prior to any account being sent for collection. Once an account has been sent for collection, no further appointments will be scheduled.

A \$25.00 service fee will be assessed for any returned check.

Any cancellation or failure of appointment without 24-hour notice will be subject to a \$50.00 cancellation fee. _____ (Initials)

Any credit balance will be refunded by the middle of the following month.

I acknowledge that I have read and fully understand the financial policy of Northern Lights Dental. I acknowledge that any amount owing not paid by my insurance company is my responsibility.

Patient Signature _____ Date _____