

## WRITTEN FINANCIALPOLICY

Thank you for choosing Dr. Jeff Knutzen for your dental care. 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 you as possible by offering several payment options stated below. I do understand that payment is due at the time services are provided, unless arrangements are made *prior to the day of service*.

## **Payment Options:**

You can choose from:

- Cash, Check, Visa, MasterCard, American Express or Discover Card
- Extended payments upon approved credit through The Lending Club®<sup>2</sup>
  - o Multiple financing options available based on your credit
  - o 6- or 12-months interest free1
  - Extended payments from 24 to 84 months
  - No pre-payment penalties
- Extended payments through an existing revolving account with CareCredit®<sup>2</sup>
  - 6- or 12-months interest free<sup>1</sup>
  - o Extended payments also available
  - No annual fees or pre-payment penalties

## Please note:

Jeff Knutzen, DDS requires payment **at the time of service** or prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

For plans requiring multiple appointments, alternative payment arrangements may be provided if arranged *prior* to the day of treatment. For larger, more comprehensive treatment plans of \$2000 or more, a 1/3 deposit is required to secure your initial treatment appointment.

For patients with dental insurance, we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.<sup>3</sup>

A minimum fee of \$75.00 to \$100.00 per hour is charged for patients who miss or cancel with less than 48-hour notice. Cancellations may not be made with less than 72 hours if made by text or email, not including when the office is closed, Friday through Sunday.

Jeff Knutzen, DDS charges \$25 for returned checks.

If you have any questions, please do not hesitate to ask. V	Ve are here to help you get the dentistry you want or r	need
Patient, Parent or Guardian Signature	Date	
Patient Name (Please Print)		

<sup>&</sup>lt;sup>1</sup> If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required.

<sup>&</sup>lt;sup>2</sup> Subject to credit approval

<sup>&</sup>lt;sup>3</sup> However, if we do not receive payment from your insurance carrier within 90 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.