Nordhus Dentistry, LLC

Thank you for choosing Nordhus Dentistry. We are committed to health, happiness, and improved self-worth with the outstanding care and technology of modern dentistry. Your clear understanding of our Patient Financial Policy is important to our relationship. Please review the following information and if you have any questions about our policies and/or your responsibilities simply ask one of our friendly and knowledgeable team members. We are here to assist you!

Cash, Checks, Visa, MasterCard, or Discover

A 5% accounting reduction is given for services that exceed $500.00 when paid by cash or check prior to or at the time of service.

Scheduling Deposit

To reserve appointments with Dr. Nordhus, a non-refundable scheduling deposit of 20% is required at the time the appointment is made. This deposit holds your appointment time and will be applied to the dental treatment when your appointment is kept as scheduled.

Interest Free & Low Monthly Payment Options

We offer extended payment, no-interest, low-interest, and revolving credit loans for your dental treatment through Healthcare Finance, Care Credit and Chase Health Advance.

Insurance

We choose to not participate in any insurance plans but accept assignment of benefits, and we will file any necessary insurance paperwork for you. On the date of service, you will be financially responsible for the charges our office estimates your benefits will not cover. Please be aware that some services provided may be non-covered services and/or not considered reasonable and customary under your insurance. Should the insurance company not pay our office within 60 days, you are then responsible for payment in full. Payment is required in full for all patients with Delta Dental and Blue Cross and Blue Shield policies.

By signing below I authorize the insurance company to pay Nordhus Dentistry all insurance benefits otherwise payable to me for services rendered. I authorize Nordhus Dentistry to release all information necessary to secure the payment for benefits. I understand that I am financially responsible for all charges.

Multiple Billing

A fee of $10.00 will be billed for additional statements after the second statement is sent. We request all accounts be paid promptly in order to help keep costs down.

Returned Checks

A $25.00 fee for any check returned for insufficient funds.

Delinquent Accounts

Should your account become 90 days delinquent, it will promptly be sent to collections. Once this occurs all future appointments for all patients under the account will be cancelled. No further appointments shall be made until the account is paid.

I have read, understand, and agree with all the terms and conditions of this Patient Financial Policy. I give Nordhus Dentistry permission to use my photographs for educational purposes.

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Patient or Responsible Party Signature	**Print Name**	**Date**