

Mark A. Da Re D.D.S. Christopher L. Mjelde, D.M.D.

2780 State Street | Santa Barbara CA, 93105 | (805) 687-5669

Written Financial Policy

Thank you for choosing the office of Mark A Da Re, DDS and Christopher L Mjelde, DMD. 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 our patients as possible by offering several payment options.

Payment Options:

You can choose from:

- Cash, Check, Visa, Mastercard or Discover Card

We offer a 5% courtesy accounting adjustment to patients who pay for their treatment with cash or check prior to completion of care for treatment plans of \$1000 or more.

- NO INTEREST¹ Payment Plans² from CareCredit

- Allow you to pay over time with NO INTEREST¹
- Convenient, low monthly payment plans² also available
- No annual fees or pre-payment penalties

Please note:

The office of Mark A. Da Re D.D.S. and Christopher L. Mjelde D.M.D., requires payment 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.

We accept payment in thirds for treatments over \$1000. For plans requiring multiple appointments, alternative payment arrangements may be provided. For larger, more comprehensive treatment plans of \$5000 or more, a 50% deposit is required to secure your initial treatment appointment. In the event payments are not received by the agreed upon dates, a 1½% finance charge (18%APR) may be added to your account on any balance over 60 days from the date of service, in addition to any collection charges.

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.³

A fee is charged for patients who miss or cancel more than once in a 12 month period without 24-hour notice.

The office of Mark A. Da Re D.D.S. and Christopher L. Mjelde D.M.D., charges \$30 for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

¹If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required.

²Subject to credit approval

³However, 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.