FINANCIAL POLICY

Cascade Dental Group
Ekaterina Malinovska DDS
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Everett Wa, 98201
(425)355-2330

We believe good dental health starts with a clear understanding of your treatment needs, in addition to your monetary responsibility before treatment begins. For this reason, we have provided a financial policy to help you receive the dental care you choose with joy and ease to have a healthy, confident smile- with respect to your individual financial situation. Payment of dental care/treatment you have chosen is due at the time of service. This helps minimize billing expenses and gives us the ability to keep your dental costs lower.

Insured Patients: We are happy to file the necessary forms to assist you in processing your insurance claims. However, we can make no guarantee of the estimated coverage. It is important to understand your dental insurance is a contract between you and your insurance carrier. Insurance is intended to assist you with your treatment cost, not eliminate your cost. Although we will help with insurance and try to answer any questions you might have, your insurance is your responsibility. The estimated portion of your treatment, not covered by insurance, is due at the time of service.

Payment Options:

Cash or Check- The estimated cost of treatment, not covered by insurance, is due at the time of service.

Credit Cards- We gladly accept VISA, Mastercard, American Express and Discover.

Care Credit- We would be happy to assist and inform you of this valuable option if you are currently signed up to utilize this form of payment.

Seniors- For our patients 62 years and older without dental insurance, we offer a 10% courtesy discount for cash or check payments on the same day of service.

I have read and fully understand the above financial policy. Regardless of insurance coverage payment in full for all dental fees for myself and/or my dependents is my responsibility. I understand an interest rate of 1% per month will accrue on my account on any unpaid balances after 30 days pending insurance or not. Interest will be compounded daily.

Patient/ Guardian Signature_____ Date _____

Patient/Guardian Printed Name _____