



## FINANCIAL OPTIONS

To our valued patients,

In an effort to control rising costs associated with billing, we are pleased to offer you the following financial options:

- For patients with Dental Insurance, the coinsurance portion or co-pay is due at the time of treatment. We will be happy to bill your insurance and you are welcome to use cash, check, debit or credit card for the portion of your bill.
- For uninsured patients, all fees are due at the time of treatment. You are welcome to use cash, check debit or credit card.
- For those in need of extended payment arrangements exceeding \$600, we offer Care Credit. Care Credit offers the following:
  - **Interest-free** loans for up to 6, 12, 18 and 24 months on approved credit. No Interest if Paid in Full within the Promotional Period.
  - Care Credit also offers 24, 36, 48 and 60 months payment plans to make it affordable with a **14.90% APR and Fixed Monthly Payments**. Please discuss these options with one of our Treatment Coordinators for more details.
- We value you time and understand that there will be occasions in which you may need to cancel or reschedule an appointment. If so, please do so with at least 48 hours before the scheduled appointment time to avoid a late cancellation fee not covered by your insurance.

Your signature below signifies you understanding and willingness to comply with these policies.

We thank you for allowing us to provide your dental care. Please contact us at 949-455-1400 or visit [www.saddlebackdentistry.com](http://www.saddlebackdentistry.com) if you have further questions.

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Patient Signature or Guardian