

LEGACY DENTAL CARE

Dr. Kyle Novotny
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Dr. Dennis Parvey

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Financial Agreement

We believe that patients who come to this office want and deserve the best dental care we can provide. Our office offers the following payment options and terms to help make dentistry more affordable for you and your family.

Insurance patients: *For your convenience, we will submit your insurance for you. Once insurance responds, any remaining balance is your responsibility. **We will estimate your portion due, payment will be expected at the time of service.***

Non-insurance patients: *Payment is expected at the time of service. An 8% savings will be applied to your account for doing so. We accept Visa and Master Card, Discover, and American Express. An estimate is also available upon patient request for future dental work.*

Should an extended payment plan be necessary, upon credit approval, our office will be happy to assist you with a health care credit plan.

If payment is not received for the balance, financial charges will accrue at an annual percentage rate of 18% per month. If it should be necessary to involve the account in collection procedures, the patient, parent or guardian will be responsible for all fees this office may incur for collection purposes.

The patient, or guardian/ parent of the patient, whose name appears below agrees to pay all charges accumulated over the course of treatment at this office and agrees to the terms on this page.

Name: _____

Date: _____

Signature: _____