



Financial Policy

We are committed to providing you with the highest quality dental care available. We are pleased to provide you with the following options for payment so that we may offer our services to you at an affordable rate.

PAYMENT AND CO-PAYMENT IN FULL ARE DUE AT THE TIME OF SERVICE.

We accept:

- Cash
- Check
- Credit Cards (Visa, Master Card, Discover, American Express)
- Care Credit

Discounts:

- 5% when estimated balance is paid in full with cash or check on day of service
- 7% when those over 65 or Veterans pay in full with cash or check on day of service

Insurance:

- Larsen Dental Care will bill your insurance as a courtesy to you.
- Patient is ultimately responsible for any negotiations with insurance company.
- Patient is responsible for any amount not covered by insurance for any reason.

Fees:

- 18% Finance Charge will be applied to balance that remain over 60 days old.
- \$500.00 deposit is required on all surgical cases.
- \$50.00 charge if 2 or more scheduled appointments are missed.
- \$25.00 Returned Check Fee for any check returned for insufficient funds.

Delinquent Accounts:

- At 90 days, Past Due Accounts will be turned over to an outside collection agency or legal firm. All further negotiations will be done by contacting said agency.
- No additional services will be scheduled until all account balances have been paid to collection agency.

I understand and agree that I am responsible for all costs related to my dental treatment.

Patient/Guardian _____ Date _____

Relationship to Patient _____