

Financial Policy
Dr. Brian Larsson, DMD

Insurance policy

Dental benefit plans are made available to individuals and families through employers, unions and associations. Approximately one half of our patients have some type of dental benefit plan while the remainder of our patients do not.

The scope of coverage and available benefits varies greatly, not only between different insurance companies as well as different plans offered by the same insurance company. The benefits provided to you, the insured, depends upon the terms of the agreement between your employer and insurance company. The language present in dental insurance policies include deductibles, percentages, maximums, and exclusions to minimize the insurance company's liability. The determination as to whether a particular dental service is covered by insurance is a business decision not a health decision, made by the insurance company under the terms of your policy.

We will gladly process your insurance claim, estimate your deductible, and the amount not covered by your insurance. However the financial obligation for treatment rendered is the patient's responsibility. The insurance company has an agreement with you, the patient, and not this office. The estimated amount not covered by your insurance is due at the time of treatment and may be paid by any one of the options listed below. Once the insurance has paid any balance remaining is the patient's responsibility.

- Cash – includes money orders and personal checks (5% discount if paid in full day of treatment).
- Visa/Master Card – we accept credit cards as payment for treatment.
- Care Credit – patient payment plans that allow you to pay over time with convenient low minimum monthly payments. With Care Credit, you enjoy these benefits:

- Flexible financing options
- No annual fees or prepayment penalties
- Quick easy application
- Receive a credit decision almost immediately
- Start your recommended treatment immediately

All accounts over 90 days old will be subject to interest charges of 1.5%, 18% per annum, and or late fees.

I have read and understand the financial policy for this office.

X _____ **Date** _____
Person responsible for account