



238 East State Rd #2
Pleasant Grove, UT 84062



485 South Main Street #302
Springville, UT 84663

Financial Policy

Thank you for choosing our office for your dental needs. We realize that every person's financial situation is different. For this reason, we have worked hard to provide you with a variety of different payment options to help you receive the dental care you need and deserve and also that allows you to enjoy a healthy, beautiful smile with respect to your budget. Dental treatment is an excellent investment in an individual's medical and psychological care. We are always available to answer your questions or assist you in any way we can.

To maintain the practice operations and prevent potential misunderstanding, we ask patients to accept and adhere to the following financial agreements regarding their dental treatment.

Optional Payment Terms:

1. Full Pay DOS Cash discount for Non Insured Patients: We offer a 5% accounting courtesy for all treatment for which your co-pay is paid in full (cash) at the time of service.
2. Major Service- Two payment options: We offer a two-payment option for Crown, Bridge, and Denture treatment. We ask that you pay one half of your co-payment at the initial visit and the second payment at the seat date appointment.
3. Term Loan: By arrangement with Care Credit, we offer our patients, upon approval, an interest-free term loan (up to 12 months) with no down payments, no annual fee, and no prepayment penalty. Please ask for an application or log on to www.carecredit.com

Payments are expected at the time services are rendered. We accept cash, checks (under \$500), debit cards and all major credit cards.

Collection Fee: Should collection become necessary, I hereby expressly agree to pay all costs of collection including an additional 40% whether or not the account is turned to an outside collection agency. I further agree to pay all court costs and attorney's fees should legal action become necessary.

Finance Charge: Interest will start accruing on unpaid balances at 90 days at a rate of 1.5% per month (18% annual) with a minimum charge of \$2.00.

Broken Appointment: A specific amount of time is reserved especially for you and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require at least 24 hour notice to avoid a \$75 cancellation fee (emergencies are an exception).

Sign: _____

Date: _____