

FINANCIAL ARRANGEMENTS AND DENTAL INSURANCE

**Larson Dental Associates
928 East 100 South
Salt Lake City, UT 84102
801-355-3322 / 801-355-5558**

We are committed to providing you with the best possible care. If you have dental insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve this goal, we need your assistance and your understanding of our payment policy.

Payment for services is due at the time of service, unless payment arrangements have been approved in advance by our staff. We accept cash, check, Visa, MasterCard, American Express, Discover, and outside financing. We will be happy to help you process your insurance claim form for your reimbursement. A completed insurance form must accompany any such request at each visit.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize, however, that:

1. Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract.
2. Most insurance companies have a deductible that must be met before the company will pay their portion. If you have not met your deductible for the year, you are responsible for any charges until the deductible is met. Even after the deductible is met, most companies only pay a percentage (such as 50% or 80%) and you will be responsible for the remainder.
3. Not all services are a covered benefit in all contracts. Insurance companies may arbitrarily select certain services they will not cover.

We must emphasize that as dental care providers our relationship is with you, not your insurance provider. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. If you have any questions, PLEASE do not hesitate to ask us. We are here to help you.

WHO IS FINANCIALLY RESPONSIBLE FOR THIS BILL? _____

PAYMENT OPTIONS:

1. Pay in full with CASH, CHECK, or CREDIT CARD. Receive a 5% discount on the total.
2. Half down to start, then the remainder paid in equal payments over a 3-month period with a recurring payment each month.
3. Extended payment plans from 12-60 months through outside financing.

Signature: _____ Date: _____