



2395 Troop Drive, Suite #101  
Sartell, Minnesota 56377  
320.252.6191

## Written Financial Policy

Thank you for choosing Lawson Family Dental. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

**Lawson Family Dental requires payment in full at the time services are provided. This includes any copays required by your dental insurer.**

### You can choose from the following payment options:

- Cash or Check  
*(If you do not have a dental insurance carrier, a 10% courtesy discount will be applied to your total amount due.)*
- Visa or MasterCard
- CareCredit
  - Interest free payment plans of 6 or 12 months.  
*(Balances under \$300 are only eligible for 6 months interest free.)*

### Please note:

- For patients with dental insurance, we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment. Any amounts due after insurance reimbursement are due in full upon receipt of an invoice from our office.
- A fee of \$25 is charged for patients who miss or cancel more than two times in a calendar year without providing 24-hour notice.
- Lawson Family Dental charges \$25 for returned checks.

Patient, Parent or Guardian Signature \_\_\_\_\_

Patient Name \_\_\_\_\_ Date \_\_\_\_\_  
*(Please Print)*