

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, Check, Visa or Mastercard (If you do not have a dental insurance carrier, a 10% courtesy discount will be applied to your total amount due)
- CareCredit
 - Interest free payment plans of 6 or 12 months. (Balances under \$200 are only eligible for standard account terms.)

Please note:

- You must provide current insurance information at your appointment so that we can submit your dental claim and any pre-treatment estimates. You will be required to pay your deductible and co-insurance amounts at the time of service. We urge you to familiarize yourself with your insurance policy and benefits so that you are aware of any limitations.
- 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 (Please Print)

Date