

# Olson Family Dentistry

## Office Credit Policy

We believe communication concerning financial arrangements is vital in order to establish a mutual understanding. This is the foundation of a long-term beneficial relationship based on trust and integrity. If at any time you have questions regarding fees or treatment, please do not hesitate to communicate these concerns with us.

### To our patients who have Dental Insurance:

As a courtesy to you, we will gladly process insurance at no charge. However, regardless of your insurance coverage, you are always responsible for the total cost of dental treatment.

### To our patients who do not have Dental Insurance:

We deliver the finest care at the most reasonable cost to our patients, therefore, payment for dental treatment is expected when service is rendered. For accounts involving major treatment, we require a payment of ½ the total fee at the initial appointment, with the balance at the final appointment.

For your convenience we accept cash, checks, VISA and MASTERCARD. Six month extended payment plans are available upon request for major treatment. Prior arrangements needed.

For other extended payment options we offer Care Credit. Ask for a pamphlet.

Accounts over 60 days from treatment date accrue interest at 1.5% monthly (18% per annum.) In the event of default, I understand my responsibility to pay legal interest on the indebtedness, together with such legal costs and attorney fees as may be required to effect collection.

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Signature (Responsible Party)

Date