

# Paul E. Barlow Family Dentistry

6191 S. State Street, Suite #300 | Murray, UT 84107 | 801-268-5200  
Conveniently located in Fashion Place Mall

## Written Financial Policy

Thank you for choosing **Paul E. Barlow Family Dentistry**. 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.

### Payment Options:

You can choose from:

- Cash, Check, VISA, MasterCard, American Express, Discover Card, or SEARS Credit Card **(there is a \$20 charge for returned checks).**

***Additionally, we offer a 5% courtesy accounting adjustment to patients with no insurance benefits who pay for their treatment with cash, check or credit card prior to completion of care.***

- NO INTEREST<sup>1</sup> Payment Plans<sup>2</sup> from CareCredit
  - o Convenient, low, monthly payment plans<sup>2</sup> also available

### **Please note:**

Paul E. Barlow Family Dentistry requires payment at the time of your treatment. For plans requiring multiple appointments, alternative payment arrangements may be provided.

For patients with dental insurance, we are happy to work with your carrier to maximize your benefits and directly bill them for reimbursement for your treatment.<sup>3</sup>

*I understand that a service/finance charge of 1.58% per month will be charged if my account exceeds sixty (60) days from the date of service unless previous arrangements have been made. A finance charge will be assessed to my account if the minimum payment is not received by the 25<sup>th</sup> of each month. The late charge will be \$5.00 or 5% of the past-due minimum payment, whichever is greater, with a maximum of \$20.00 per month. I further agree to pay all costs and reasonable attorney fees if suit be instituted hereunder to collect monies owed by me, including charges or commissions up to 40% that may be assessed to us by any collection agency retained to pursue this matter.*

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

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Patient, Parent or Guardian Signature

Date

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Patient Name (Please Print)

<sup>1</sup>If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required.

<sup>2</sup>Subject to credit approval

<sup>3</sup>However, if we do not receive payment from your insurance carrier within 60 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.