

**IVERSON DENTAL**  
2627 N Hwy 162 PO Box 900  
Eden, UT 84310  
(801) 745-3882 Fax (801) 745-6207

**OUR POLICY OF CARE AND PAYMENT**

**Ensuring that our patients receive high quality care is the goal of our practice. In addition, we are also dedicated to making top-quality care as cost-effective as possible.**

To assist you with your healthcare investment, we provide the following payment guidelines:

\*10% accounting reduction for payment in full at each appointment  
We accept cash, checks and major credit cards.

\*30 days open account: Account balance due within 30 days of treatment.

\*Insurance: We are happy to bill and accept payment from your insurance company but please keep in mind, that ultimately, the total balance is your responsibility. We will do our best to estimate your portion of the dental treatment fees at each appointment and ask that they be paid that day. When the actual insurance payment is received, if there is a difference in the amount than was estimated, a credit or debit will be applied to your dental account.

Financing for treatment plans of \$300 or more: We have a payment plan called Care Credit that allows you to start treatment right away and spread payments over time. Applying for Care Credit only takes a few minutes and there is no fee to apply.

Please let us know how you plan to take care of your financial obligation for dental treatment. *Please check one:*

- I will pay at each appointment to receive the accounting reduction
- I will pay my balance within 30 days of treatment
- I have insurance and I will pay my portion at each appointment
- I have insurance but I would like to apply for Care Credit to pay for my portion of the treatment
- I would like to apply for Care Credit to finance and pay for my treatment

\_\_\_\_\_  
Please print patient name

\_\_\_\_\_  
Signature of patient or parent or guardian of patient

\_\_\_\_\_  
Date