

Stone & Johnson at Edinborough Dental

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Written Financial Policy

Thank you for choosing Stone & Johnson at Edinborough Dental for your dental care. Our primary mission is to deliver the best and most comprehensive care available. An important part of that mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options as well as our in house Oral Health Plan.

Payment Options:

Stone & Johnson Dental Care requires payment on day of service.

You can choose from:

- Cash, Check, Visa, Mastercard, American Express or Discover Card

We offer a 5% courtesy accounting adjustment to patients who pay for their treatment in full with cash, check or credit card upon completion of care. We also offer a 10% courtesy accounting adjustment for treatment over \$1000 if full payment is received two weeks prior to the start of your treatment plan.

- Arrangements for anything other than payment in full must be set up with a signed payment plan in place. Our office can extend credit for up to 90 days – three consecutive monthly payments.

- Convenient Monthly Payment Plans¹ from CareCredit allow you to pay over time with no annual fees or pre-payment penalties

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.² Your estimated patient portion is due when the treatment is done, then once your insurance company has made their payment, a statement will be sent to you for any remaining balance due at that time.

For our patients without dental insurance, we offer an in house Oral Health Plan for an annual fee. Included with your annual fee is four (4) exams, two (2) cleanings, all diagnostic x-rays and one (1) fluoride treatment per year. For most services you receive a 15% discount with payment in full the day of service. Ask us for information on this savings plan.

If you are unable to keep your appointment, please provide at least 48 hours advance notice or you may be charged a cancellation fee.

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

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

¹Subject to credit approval

²However, 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.