The Dental Center of Eagan

3348 Sherman Ct #202
Eagan, MN 55121

Phone 651-788-7924
Fax 651-756-8131

Written Financial Policy

Thank you for choosing The Dental Center of Eagan. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of our mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

The Dental Center of Eagan requires payment on the day of service. You can choose from:

-Cash, Check, Visa, Master Card or Discover Card

-We offer a 5% courtesy accounting adjustment to patients without insurance who pay for their treatment with cash or check prior to completion of care.

-NO INTEREST Payment Plans from Care Credit
- Allows you to pay over time with NO INTEREST
- Convenient low monthly payment plans also available
- No annual fees or pre-payment penalties

Please Note:

For treatment requiring multiple appointments, alternative payment arrangements may be provided.

We also offer in-house financing for treatment plans under $1,000.00 at 18% interest.

For patients with dental insurance: Insurance is a contract between you and your insurance company. We are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for you treatment. Co-pays and/or deductibles collected on the day of service are estimates based on a basic summary of benefits provided by your insurance company and are not a guarantee of benefits. You are responsible for any remaining balance. At your request, we are happy to a pre-authorization to your insurance company prior to treatment (addressing concerns of coverage, plan exclusions and/or limitations). Our priority is to help you achieve the best possible oral health and we cannot allow insurance companies to dictate our treatment plan.

We charge:

-8% interest on all past due accounts
-A fee of $40 is charged for patients who miss or cancel their appointment without a 24-hour notice.
-$25 fee for rejected, returned or dishonored checks.

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)