CORVALLIS DENTAL GROUP

FINANCIAL POLICY

We appreciate the trust you have placed in us and would like to thank you for choosing our practice as your dental home. In a conscious effort to consider your financial options while maintaining a high level of professional care, we have established the following payment policy for our patients. This financial agreement is intended to facilitate our ability to provide excellent service to you while minimizing our administrative costs.

PAYMENT OPTIONS

- Cash, check, most major credit cards accepted
- We also offer a 5% courtesy discount to patients who pay for their treatment in full the day of service with cash or check.
- **DENTAL INSURANCE:** We accept dental insurance and will be happy to bill the insurance carrier directly for you. **However, we do not, under any circumstances bill Medicare or Oregon Health Plan.** We ask that you assign benefits to us. We have found that dental insurance rarely pays 100% of the fee for service, therefore, it will be necessary to make arrangements for the estimated balance of your account. A statement will be sent to you each month to keep you informed of what payments have been received.
- **EXTENDED CREDIT:** Special Arrangements can be made to meet your individual needs. However, we are unable to carry accounts any longer than 90 days or 3 monthly payments. All extended credit must be arranged with our receptionist. For our patient's convenience, we do offer monthly payment options from Care Credit patient financing.

PLEASE NOTE

- **PAST DUE BALANCES:** Balances exceeding 90 days will be charged a service fee of 1.5% per month, which is equivalent to 18% per annum.

- **MISSED APPOINTMENTS:** An appointment is a reservation of our office and staff for your treatment needs. This time is deprived from someone else if we do not have adequate notice for cancellations. Please give us at least 24 hours notice if you cannot keep your appointment. We reserve the right to charge a $50.00 missed appointment fee. If non-cancelled appointments become a habit (more than 2 failed appointments in a year), we reserve the right to dismiss you as a patient from our office.

- **NSF CHECKS:** A fee of $15 will be charged for checks returned for "non-sufficient funds."

- If your insurance company does not pay within 60 days, Corvallis Dental Group reserves the right to request payment in full for services from you and let you collect the insurance funds that are due to you.

- It is your responsibility to provide us with your current address, telephone number, and insurance information at each visit. If you do not have proof of active insurance at your visit, you will be considered a self-pay patient for that visit and payment will be due in full that same day.

- We attempt to make confirmation calls, send texts, and/or send emails at least 48 hours in advance of your scheduled appointment as a courtesy.

In the event your account is turned over to an outside agency for collection, you will be responsible for all collection fees, cost, and such additional sum as the court may deem responsible. I have read, understand and agree to the above terms and conditions. I authorize my insurance company to pay my dental benefits directly to Corvallis Dental Group. I understand regardless of any insurance coverage I may have; **I am responsible for payment of my account within the usual limits of this policy.**

Signature of patient (or party responsible for account) **Print Name** of patient (or party responsible for account)

Date: _____