

FINANCIAL AGREEMENT

We share your concerns regarding the increasing cost of health care. We believe that you, our patients, deserve the best possible care we can provide at a reasonable cost. With this in mind, we would like to share some information with you about our financial policy. We want you to feel comfortable with us regarding your financial and insurance matters and thereby prevent any misunderstandings. We hope you will consult with us if you have any questions regarding our service and/or fees.

NEW PATIENTS: Since the initial examination/consultation appointment is a meeting seeking a professional opinion there is a charge for this visit. Patients without insurance are required to pay this charge at the time of service. For those patients with insurance, we will forward a claim to your insurance company, if there is an outstanding balance after payment is received you will be billed for the remaining balance. A guarantor social security number will be required from all patients who are not paying entire balance at time of service.

PATIENTS WITH INSURANCE: At the time of service for procedures involving lab costs (crowns, bridges, dentures, etc.), a 50% initial payment is required toward the estimated charge. If there is a credit balance on your account after treatment is completed and insurance payment has been received, you will be refunded.

Many people are under the impression that if they have insurance, it is the insurance company that owes the doctor for his services. Unfortunately, that is not the case. The insurance contract is between the patient and the insurance company; therefore, the patient is responsible for the bill regardless of insurance coverage. We are happy to submit to your insurance for you, however, it is the responsibility of the patient (or insured) to provide our office with the correct insurance company name, address, telephone number, appropriate identification numbers, and the patient's and insured's birth dates. Even though you may have an insurance claim pending, you will receive a monthly statement for the outstanding balance on your account. Many insurance plans state that you will be covered "up to 50%, 80%, or 100%". In spite of this statement, we have found in actuality that many plans may cover less than that depending upon their established "usual and customary fees". The benefits paid by your plan are largely determined by how much your employer or union paid for the plan. Please be aware that some insurance companies will pay a claim percentage based on their "usual and customary", not our actual charges. We are happy to request pre-authorization of benefits; however, this usually requires approximately 3-4 weeks to be processed by the insurance company. We are preferred providers for Delta Dental and Regence Blue Cross Blue Shield (includes HMA and LifeMap) insurance plans. If this is a concern, please discuss with our office manager prior to your appointment.

PATIENTS WITHOUT INSURANCE: Financing options are available and facilitated by our office manager. If you choose to forego these options, charges are required to be paid for in full at the time of care. An estimate will be given to you at your examination/consultation appointment or when the appointment is scheduled.

OREGON HEALTH PLAN: Our doctor does not accept OHP. Therefore our office is unable to bill OHP for any services.

MEDICARE: We are not Medicare providers, therefore our office is unable to bill Medicare for any services.

DISCOUNTS: A 5% discount is offered to patients who are senior citizens (age 65 or older) when paying with cash or check at the time of service. This discount is offered only when there is no insurance coverage is available. A 5% discount is offered to patients with no insurance who pay cash or check in full at time of service.

CHARGE CARDS: Visa, MasterCard and Discover cards may be used for payment on your account. Because of the costs involved, discounts are not extended to credit card payments.

PARENTAL RESPONSIBILITY: Agreements between parents accepting or denying financial responsibility for dental/medical charges are not recognized by this office. We consider the guardian (custodial) parent to be responsible for payment of services. Young adults (age 18 and older) are legally responsible for their accounts unless a parent accompanies them to the initial appointment and signs a financial agreement. This is the case regardless of insurance benefits for which they may still be eligible.

RETURNED CHECKS: A fee of \$35.00 will be charged for check recovery as well as additional bank fees.

ACCOUNT BALANCES: The balance on all accounts is due in full in 60 days regardless of insurance coverage or anticipated payment from other sources. In the event that payment is not made within 60 days of receipt of the services, a finance charge of 1 1/2% per month will be added to the account (18% per annum). Delinquent accounts assigned to a collection agency will be charged a \$50.00 collection fee.

ASSIGNMENT AND RELEASE: I hereby authorize my insurance benefits to be paid directly to the doctor. I am financially responsible for any balance due. If it becomes necessary to effect collections of any amount owed, I agree to pay for all costs and expenses, including reasonable attorney fee. I also authorize the doctor to release any information required for this claim.

CANCELLATION POLICY: There is a \$30 fee for broken appointments with less than 24 hour notice.

Signature: _____ Date: _____