

Beaverton Dental Center LLC

Financial Policy

All accounts are due and payable at the time of your visit.

For patients without insurance: a 5% discount (*excluding prosthetic treatment rendered by Robert Cain*) for accounts paid in full by cash or check on the day of service. We have outside financing available; however we cannot offer a discount with this payment plan.

We work with most insurance companies and always try to maximize your coverage through meticulous detailing of procedures and interaction with your insurer. We electronically send your claim forms, and we're available to answer any questions we can. Insurance is gladly billed as a courtesy to our patients, when you provide us with current information and necessary forms. Even though you may have an insurance claim pending, you will receive a monthly statement for the outstanding balance on your account. We cannot accept responsibility for collecting an insurance claim after 60 days or for negotiating a disputed claim. Insurance reimbursement is a contract between you, your employer and the insurance carrier. **You are responsible for the payment of your account.**

On accounts which have a balance, the payment is due upon receipt of the monthly statement. Any balance outstanding for more than 90 days, will bear interest at 1.5% per month.

There will be a \$45 charge for any broken appointment or appointment cancelled and rescheduled with less than a 2 business day notice. We will not reschedule any patient after two appointments have been missed.

I HAVE READ THIS FINANCIAL POLICY AND UNDERSTAND THAT REGARDLESS OF ANY INSURANCE COVERAGE I MAY HAVE, I AM RESPONSIBLE FOR PAYMENT OF MY ACCOUNT. I UNDERSTAND THAT DELINQUENT ACCOUNTS MAY BE ASSIGNED TO A CREDIT REPORTING COLLECTION SERVICE. IF IT BECOMES NECESSARY TO EFFECT COLLECTIONS OF ANY AMOUNT OWED ON THIS OR SUBSEQUENT VISITS, THE UNDERSIGNED AGREES TO PAY FOR ALL COSTS AND EXPENSES, INCLUDING REASONABLE ATTORNEY FEES. I HEREBY AUTHORIZE THE DOCTOR TO RELEASE INFORMATION NECESSARY TO SECURE PAYMENT.

SIGNED: _____ DATE: _____

PRINTED NAME: _____