

**Our experience has shown that it is helpful to have an understanding with our patients as to our office financial arrangement options. For your convenience and information, we offer several methods of payment for your dental care.**

1. Payment in full at time of service
2. Financing with Care Credit
3. Dental Insurance (estimated patient share paid in full at time of visit)

### **PAYMENT IN FULL AT THE TIME OF SERVICE**

We are pleased to accept cash, personal checks, MasterCard and Visa credit and debit cards.

### **CARE CREDIT PATIENT PAYMENT PLAN**

Financing may be obtained at our office. Care credit offers flexible financing options, no annual fees or prepayment penalties. Care Credit allows you to make low minimum monthly payments that are comfortable for your budget. This is a convenient way to proceed with your dental health needs. Please let us know if you are interested and we will gladly assist you in this simple process.

### **DENTAL INSURANCE**

As a courtesy to our patients, we will submit dental claims on your behalf and accept assignment of benefits to receive payment directly from your insurance carrier. Please provide us with your dental insurance information PRIOR to your first visit. This allows us to ESTIMATE your benefits.

Payment of your deductible and your estimated share will be collected at the time treatment is provided. We estimate your portion based on the informal information given to us by your carrier. Please note that all dental services may not be a covered benefit of your plan, nor will coverage levels quoted to us be exact. Therefore, you may have a balance after insurance makes their payment.

Dental insurance is a contract between the patient, the employer, and the insurance carrier. Our relationship and obligation is to you, the patient, and we have no direct relationship with the insurance carrier. PATIENTS ARE ULTIMATELY RESPONSIBLE TO OUR OFFICE FOR ALL FEES AND CHARGES INCURRED, REGARDLESS OF THE INSURANCE COMPANY'S BENEFIT POLICY.

### **APPOINTMENT REMINDERS**

We reserve time, materials and a highly trained staff specifically for your appointments. Please make every effort to return our confirmation messages so we are sure to make contact with you before your scheduled visit. Our voicemail system is available 24 hours a day 7 days a week for your convenience in returning our calls.

### **APPOINTMENT CHANGES**

In order to offer the highest level of care for you and all of our patients, we request 48 hours (2 business days) notice for any appointment changes.

**IN CASE OF EMERGENCY**

Please rest assured that if you need to reach Dr. Bauman outside of office hours, you may simply dial our office phone number and you will be put directly into his cellular phone. If you should receive the voicemail greeting, please leave a message and know that Dr. Bauman will be checking them and returning calls.

**TREATMENT PLAN AND FEE ESTIMATES**

An assigned plan and approximate fees will be presented to you. Fees are guaranteed 90 days from presentation. It is not always possible to diagnose every potential dental problem, even with x-rays, and thus the need for additional treatment may arise as we proceed with the original finding.

**ACCOUNT STATEMENTS**

In the event that there is a balance on your account, you will receive a statement from First Pacific Corporation located in Salem, Oregon. Please feel free to contact FPC, or our office any time so that we may be of the best service to you.

**FINANCE CHARGES**

A finance charge of 1-1/2% per month (18% annually) will be added to any account if the balance remains unpaid after 60 days. This also applies to insurance benefits delayed past 60 days.

**COLLECTION ACCOUNTS**

In the event that an account is turned over to a collection agency for failure to pay, the Patient or Responsible Person will be liable for all collection fees, attorney fees, and court costs.

**RETURNED CHECKS**

Any check returned from the bank will result in a minimum \$30.00 charge.

**FINANCIAL AGREEMENT**

I have read the financial agreement completely and understand the above financial policies. I agree to abide by the policy and conditions as stated. I understand that I am ultimately responsible to the office for ALL fees and charges incurred, regardless of my insurance benefits and the payment method selected.

**CONSENT FOR TREATMENT**

I authorize Riverdale Dental Centre doctor and staff to perform any necessary dental services, with my informed consent, that I or my child may need during diagnosis and treatment including x-rays, study models, photographs or any other diagnostic aid deemed necessary. I also authorize them to perform any and all forms of treatment, medication and therapy indicated. I understand the use of anesthetic agents embodies a certain risk.

**Patient / Person Responsible for Account:** \_\_\_\_\_