



The Center for  
esthetic  
Dentistry

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#### FINANCIAL POLICY

In the interest of good health care, it is desirable to establish a financial policy to avoid misunderstandings. Our primary responsibility is to help our patients experience great dental care and we wish to spend our time and energy toward that end.

All accounts are due and payable at the time of your visit, unless prior arrangements have been made with our Financial Coordinator. There will be a 5% reduction for accounts paid in full on the day of service with a check or cash. A 3% reduction is extended for paying in full on the day of service with a credit card. In the event of a returned check, we reserve the right to apply a \$20.00 fee to your account.

On accounts that have established arrangements, the payment is due upon receipt of the monthly statement. *All balances must be paid on 90 days regardless of insurance coverage.*

Any balance more than 90 days old will be subject to late charges and interest at 18% per annum, and will be subject to collection proceedings.

Insurance is gladly billed as a courtesy to our patients, when you provide us with current information. Payment of your estimated percentage not covered by your insurance company is due at the time of service. 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 90 days or for negotiating a disputed claim. Insurance reimbursement is a contact between you and the insurance carrier. You are responsible for payment of your account and it is your responsibility to know the terms and agreements of your dental insurance benefit contract.

Our practice is dedicated to quality care and exceptional service. We respect the importance of your time and work very hard to schedule appointments that accommodate the busy scheduling needs of all of our patients. In return, we ask that patients make every effort not to change reserved dental appointments. Broken and missed appointments create scheduling problems for other patients as well as the practice. If you find the you must change your appointment, we require a minimum of 24-hour notice so that we may accommodate another patient. A minimum charge of \$25.00 will be applied for broken and missed appointments without advance notification. The fee charged will depend on the time reserved for you on that day. Thank you for your cooperation in this matter.

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 will be assigned to a credit reporting collection agency. If it becomes necessary to effect collections of any amount owed on this or subsequent visits, the undersigned agree to pay for all costs and expenses, including reasonable attorney fees.

Signature Patient/Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_