CHEHALEM DENTAL

OFFICE POLICIES

Welcome and thank you for choosing us to care for your dental needs. We firmly believe that a good doctor/patient relationship is based upon understanding, open communication, and trust. We are providing the following information to clarify our expectations and to prevent misunderstandings or disagreements concerning payment for our services.

FINANCIAL POLICY:
We comply with the Health Insurance Portability and Privacy Act (HIPAA) which protects your personal information with regard to our records. Social security and driver's license numbers are no required from patients who pay in full at the time of service or in cash or credit card but are required for all patients who pay by check, delay payments, or carry a balance. This includes all insurance accounts and accounts that have in-office financing.

All fees for services rendered are due at the time of service. Prompt payment allows our practice to control costs. We accept cash, checks, and most major credit cards. As a courtesy for our patients with insurance, we will gladly bill your insurance company for their estimated portion of the service. **We do ask for your estimated portion at the time of service.** If your insurance company pays more that we estimated, we will either apply the credit to your account for future services, or issue a refund. If the insurance company pays less that we estimated then you will be responsible for the remaining amount and we will send you a bill.

FINANCIAL ARRANGEMENTS:
If you need monthly financial arrangements, please discuss this with us prior to treatment

DISCOUNTS:
For patients without dental insurance we offer a 5% discount for payments made in cash or check at the time of service. For seniors (aged 65 and over) we offer a 10% discount for payments made in cash or check at the time of service and 7% for payments made with a credit card. Only one discount may be applied.

BILLING:
Periodically we will send a bill in the mail for outstanding balances. Payment is due within 14 days. If your payment is late, or financial arrangements are not kept, then your account will be considered delinquent and we will limit treatment to emergency treatment only until your account balance is paid. If you are experiencing a financial hardship that occurred after the dental treatment was rendered please call us to discuss this and make financial arrangements. Patients and/or responsible parties are legally responsible for all collection costs involved with the collection of their account. This includes court costs, reasonable attorney fees, and all other expenses incurred with collection activities.

FINANCE CHARGES:
Outstanding balances will be charged a monthly finance charge of 2.0% (24APR) on unpaid balances over 30 days old. Late charges may apply if payment plan agreements are not pain on time. If you have dental insurance, finance charges apply only after 90 days of pending claims.
NSF: All returned checks will be assessed a fee of $30.00 which will be added to your account.

CANCELLATIONS:
We understand that sometimes you may not be able to keep a scheduled appointment. We do require a 24 business-hour notice for cancellations and rescheduling. We reserve the right to assess a $70.00 per hour cancellation fee to people who cancel within 24 business-hours or do not show up for their appointment.

Acknowledgement of Office Policies and Responsibility:
I have read and understand the above and verify that if it becomes necessary to effect collections of any amount owed, I accept responsibility for all costs and expenses, including reasonable attorney fees. I authorize assignment of my insurance benefits directly to the provider for services rendered. I fully understand that I am solely responsible for all charges, including any balance not paid by my insurance company.

Patient / Guardian Signature: _____ Date: _____

902 Deborah Rd · Newberg, OR 97132 · Office: (503) 538-3129 · Fax: (503) 538-3120 · Cell: (503) 537- 8781