

Eugene Dental Associates
Peter C. Snyder D.D.S, Leah Hickson D.D.S.
Holly Park-Nah D.D.S., Endodontist

Financial Policy

Welcome to our office. We believe clear, open communication regarding treatment, insurance and our financial arrangements helps you to make informed choices concerning your dental care. Please read this form carefully and discuss any questions you may have with our Financial Coordinator.

Financial Agreement

1. New Patient Policy

- A. Initial exam fees are due in full at time of the visit. For our insured patients, we ask that you pay your deductible and co-pay at this time.
- B. Emergency care fees for patient not established in our office are due in full at the time of the service. If insured, we are happy to submit your insurance claim for you.

2. Established Patients

- A. Pre-payment of treatment plan over \$300 a 5% courtesy for cash or checks.
- B. Payment of patient portion is due at the time of the visit.
- C. Payment plans are available through third party financing Care Credit.
- D. Should the insurance not pay as anticipated, or if payment is delayed longer than sixty days there will be a monthly finance charge of 1.5% added to all accounts ninety days overdue from the date of service.

3. Changed/Cancelled Appointments

- A. There will be no charge if you need to change an appointment as long as there is a **48 hour** notice. Messages can be left on our machine after business hours. Without **48 hour** notice, a \$35.00 missed appointment fee may be charged. A fee of \$25.00 will be charged for any returned checks.

Insurance

We are happy to bill your insurance company for you. Your estimated co-payment is due at the time of treatment. The estimate may not reflect all charges that you are responsible for as a patient. Balances are determined after insurance payments or denials have been applied to your account. Please remember that the amount of coverage varies from one group to another depending on the type of coverage your employer has secured for you. **RARELY DOES ANY INSURANCE COMPANY ATTEMPT TO COVER ALL DENTAL COSTS, AND RARELY ARE ALL COSTS COVERED EVEN IF A PATIENT HAS DUAL COVERAGE.** To avoid any misunderstandings, we will help you learn beforehand what your policy provides to the extent that we can obtain the information. As we can never guarantee what insurance will pay on claim, the figures we give you are **ESTIMATES ONLY**. Ultimately, it is the patient's responsibility for payment of dental services rendered. If you have any questions regarding this policy, please ask our Financial Coordinator. We want you to begin your treatment with a full understanding of all your payment options and benefits. I have read, understand and agree to the above policy.

Signed: _____ Date: _____

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You may refuse to sign this acknowledgment

I have received a copy of this offices' Notice of Privacy Practices.

Print Name: _____

Signature: _____

Date: _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please Specify Below)

