

Financial Policy

GENERAL

Thank you for choosing Southern Oregon Periodontics as your dental specialist. We are committed to providing you with the highest quality service and treatment. Please read our Financial Policy carefully and sign below.

TREATMENT PLANS

Due to unforeseen circumstances, the fees presented to you are estimates. Your treatment plan is valid for 30 days from the date presented and subject to revision. Treatment could be altered if your dental needs change. The patient will be notified of any change(s) in treatment.

INSURANCE

As a courtesy to our patients, we will gladly accept assignment of dental benefits from your insurance provider. We are currently a Preferred Provider with Delta Dental Premier (which includes ODS) and will be considered out-of-network with all other insurance carriers. Our fees are set thoughtfully and with flexibility. However, these fees may still be more than what is considered usual and customary by your insurance provider and the difference will be the responsibility of the patient at time of service. It is our custom to provide exceptional care. For certain treatment options we may require a pre-authorization by your insurance provider in order to accurately estimate your benefits.

CASH & CHECKS

At time of service, we will gladly extend a 10% courtesy adjustment for payment in full. Your previous account balance must be zero to receive the courtesy adjustment. Returned checks are subject to a fee of \$25.00 (for each check). For patients with insurance, your claim will be submitted with benefits assigned to the subscriber.

CREDIT CARDS

At time of service, we will gladly extend a 7% courtesy adjustment for payment in full. We ask that you present them in person and your previous account balance must be zero to receive the courtesy adjustment. For patients with insurance, your claim will be submitted with benefits assigned to the subscriber.

FINANCING

For your convenience, we offer both Care Credit & Chase Health Advance healthcare financing. You may be able to qualify for a comfortable monthly payment plan. Please let us know if you are interested in this option.

MISSED APPOINTMENTS

Unless canceled at least 48 hours in advance, our policy is to charge \$50.00 for broken appointments. Extenuating circumstances will be given consideration, but repeated instances will not. Please help us serve you better by keeping scheduled appointments.

INTEREST & COLLECTIONS

We reserve the right to charge interest in the amount of 18% per annum as provided by state law. In the event that your account is not paid and we refer the account to collections, you will be responsible for all fees incurred for collection of your bill.

CONSENT

I understand and agree to this Financial Policy.

Patient/Guardian Signature

Date