



Fairmount Dental Center Financial Policy

All accounts are due and payable at the time of your visit. There will be a 5% discount for payments by check or cash made in full on the day of service for senior citizens (over the age of 65). Visa or MasterCard are accepted, but since we have to pay a user fee to process these payments, no discount will be given.

Insurance is billed as a courtesy to our patients when you provide us with current information. However, your insurance company views insurance reimbursement as a contract between you, your employer, and them. We cannot negotiate on your behalf with your insurance company. Therefore, even when you have insurance you are responsible for paying your portion as determined by your Explanation of Benefits. By signing below, you authorize payment of insurance benefits and patient portion directly to Fairmount Dental Center.

In accordance with Oregon Law, your insurance must respond to us with payment or denial within 30 days of receiving your claim. By signing below, you authorize that we may file a complaint with the Oregon Department of Consumer and Business services on your behalf.

There will be a cancellation fee of \$75 for appointments that are cancelled or broken without 24 hours notice. We will not reschedule any patient after 2 appointments are missed without proper notification.

I HAVE READ THIS CREDIT POLICY AND UNDERSTAND THAT, REGARDLESS OF ANY INSURANCE COVERAGE I MAY HAVE, I AM RESPONSIBLE FOR PAYMENT OF MY ACCOUNT. I UNDERSTAND DELINQUENT ACCOUNTS WILL BE ASSIGNED TO A CREDIT REPORTING COLLECTIONS SERVICE. IF IT BECOMES NECESSARY TO EFFECT COLLECTIONS OF ANY AMOUNT OWED ON THIS OR SUBSEQUENT VISITS. THE UNDERSIGNED AGREES TO PAY FOR COSTS AND EXPENSES, INCLUDING REASONABLE ATTORNEY FEES AND A \$25 COLLECTION FEE. THIS WILL ENSURE THAT OUR RESPONSIBLE PATIENTS WILL NOT BE PENALIZED TO COVER COSTS INCURRED BY THOSE WHO DO NOT PAY IN TIME.

Patient's Name

Relationship to Responsible Party (Self, Parent, Spouse, ect.)

Signature of Responsible Party

Date: _____