



FINANCIAL POLICY

Thank you for choosing Ochoco Dental. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of our mission is to keep you informed and involved with your treatment while making the cost of optimal care as manageable as possible.

Insured Patients - We will always do our best to help you maximize your dental insurance benefits. As a courtesy to you, we can process your insurance claims.² Please understand that we will provide an insurance estimate to you; however, your insurance may not pay exactly as estimated. You may need to contact your insurance company directly with any questions on coverage or plan limitations applied. Ultimately, any balance is your responsibility. We request any deductibles or patient portion of services paid at the time of service.

Uninsured Patients - If you do not have insurance or choose to bill your insurance directly, payment will be due at time of service unless prior arrangements have been made. We offer a 5% discount for full payment on the day of service made by cash or check.

Payment Options - Our office offers various payment options to assist in the payment of your care:

- Cash or check
- Visa®, MasterCard®, or Discover Card®
- Special healthcare financing options with convenient monthly payments available with the CareCredit¹ or Alphaeon Credit providing extended payment plans with deferred interest and no annual fee³.

Past Due Accounts - Accounts balances over 90 days will accrue a 1.5% monthly finance charge (18% APR).

Discontinued Care - If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

Missed Appointments (no show) or Late Cancellations - A fee of \$100.00 (per appointment) will be applied to patients who miss (no show) or late cancel without 24-hour notice. On your first missed appointment the fee will be waived but three or more missed appointments may result in a dismissal from the practice.

Returned Checks - Ochoco Dental charges \$35 for returned checks to cover bank fees we incur.

I have read, understand and agree to the above terms and conditions. I authorize my insurance company to pay my insurance benefits directly to Ochoco Dental. I understand and agree that I am ultimately responsible for any unpaid balance for myself and my dependents and agree to pay such charges in full.

By signing this document, I acknowledge and agree to Ochoco Dental's financial policies.

Patient or Responsible Party Signature

Date

Responsible Party Name (Please Print)

¹CareCredit is a credit card offered by Synchrony Bank and is NOT an in-house credit program offered by Ochoco Dental or any other healthcare provider. You may apply for the CareCredit healthcare credit card and if approved, use it at Ochoco Dental's office. However, the CareCredit credit card agreement is between you and Synchrony Bank. Subject to credit approval.

²However, if we do not receive payment from your insurance carrier within 90 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.

³For new accounts: Purchase APR is 26.99%; Minimum Interest Charge is \$2. Existing cardholders should see their credit card agreements for their applicable terms. Subject to credit approval.