

Thomas E. Wold, D.M.D.

124 NW Hawthorne Avenue

Bend, OR 97701

Statement of our Financial Policy

In the interest of a good health care practice, it is desirable to establish an office and credit policy to avoid misunderstandings. Our primary responsibility is to help our patients experience good health and we wish to spend our time and energy toward that end.

- You will need to provide our office with your social security number and health insurance card (if applicable) unless your total charge is paid in cash at time of service. Treatment may be postponed if the above are not furnished by the patient.
- We require payment in full by cash, check (\$25.00 fee for any return checks) or bank card at the time of service. Alternate financing (Care Credit) must be arranged **before** treatment is rendered.
- Insurance patients – we require that the deductible and non-covered fees be paid at time of service.
- Bank charge cards – Visa, MasterCard, Discover, American Express and Debit cards are accepted.
- All home care products are to be paid in full at each appointment.
- There will be a \$25 minimum and up to a \$100 maximum charge for any broken appointment or appointment not cancelled with a **24 HOUR NOTICE**. The length of time scheduled for you determines the charge. We will not reschedule any patient after two appointments have been missed consecutively. Our time must be used as efficiently as possible to keep our expenses at a minimum and our fees within reasonable limits.

Our office staff understands dental insurance, and we will be glad to assist you in obtaining the maximum benefits specified in your contract. It is important that you realize, however.....

- Your dental benefit program is a contract between you, your employer, and the insurance company. **We are not a party to that contract.**
- This office files your insurance claim as a courtesy to you, when you provide us with current information and any necessary forms. Even though you may have an insurance claim pending, you will receive a monthly statement for the outstanding balance on your account. We cannot accept responsibility for collecting an insurance claim after 90 days or for negotiating a disputed claim.
- Our fees generally, but not necessarily, fall within the usual and customary fee structure determined by your carrier.
- Not all dental services are a covered benefit in all contracts.
- Upon request, a pre-determined estimate of benefits can be given to you.
- We will gladly discuss your proposed dental treatment and answer any questions you might have as to the involvement of your dental benefit program in receiving this care. **We appreciate the opportunity to serve you.**

THERE IS NO INTEREST OR FINANCE CHARGE ON CURRENT ACCOUNTS. AFTER 90 DAYS, ALL ACCOUNTS ARE SUBJECT TO A FINANCE CHARGE OF 1.5% OF THE UNPAID BALANCE (or a minimum charge of \$1.00) WHICH IS AN ANNUAL PERCENTAGE RATE OF 18%.

I have read this office and credit policy and understand that regardless of any insurance coverage I may have, I am responsible for payment on my account. I understand that delinquent accounts may be assigned to credit reporting collection service and I will be charged a \$50 collection fee. Also, if it becomes necessary to effect collections of any amount owed on this or subsequent visits, the undersigned agrees to pay for all costs and expenses, including reasonable attorney fees. I hereby authorize the doctor to release information necessary to secure payment. This will ensure that our responsible patients will not be penalized to cover costs incurred by those who do not pay on time.

Signature of patient or parent/legal guardian

Date