



2200 14th Avenue SE
Albany, OR 97322

FINANCIAL ARRANGEMENTS AND DENTAL INSURANCE

We are committed to providing you with the best possible care. If you have dental insurance, we will help you to receive your maximum allowable benefits. In order to do this, we need your assistance and your understanding of our financial policy.

Payments for services are due at the time services are provided unless other payment arrangements have been approved in advance. We accept cash, checks, and most credit cards. We will be happy to process your insurance claim for you. If you have insurance, please be prepared to pay your portion of the fee on the day of service.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You MUST realize however, that:

- 1. Your insurance is a contract between you, your employer, and the insurance company.**
- 2. Dental insurance is not meant to be a pay-all; it is only meant to be an aid. Many routine dental services are not covered by dental insurance at all. If you should have any questions regarding your coverage, please contact your company regarding the details of the plan it is conducting on your behalf.**

We must emphasize that as dental care providers, our relationship is with you, not your insurance company. While the filing of all insurance claims is a courtesy we extend to our patients, all charges are your responsibility.

If you have any questions about the above information or are uncertain regarding insurance information, PLEASE do not hesitate to ask us. We are here to help you.

"I understand and agree that regardless of my insurance, I am responsible for the balance on my account for any professional services rendered. I have read all the information on this sheet."

Signature: X _____

Name: _____

Parent/Guardian: _____

FINANCIAL AGREEMENT

I agree that in consideration of the services rendered, payment of the account is guaranteed by me. I clearly understand that the obligation to pay the bill is primarily on me. I further agree in the case of default of payment, and if this account should be placed in the hands of a collector or an attorney for collection; all collection fees, attorney fees, costs and other expenses will be paid me.

Signature: X _____ Date _____