

# Laurelwood Dental

2824 NE Wasco, Suite 210  
Portland, OR 97232  
503-284-3575  
www.laurelwooddental.com

## **PAYMENT POLICY ACKNOWLEDGMENT**

We are committed to providing you with the best possible dental care. In order to achieve this, we need your assistance, and your understanding, on our payment policy. If you have dental insurance, we are happy to help you receive your maximum allowable benefits. If treatment is due to a job related injury, please let us know before services are rendered. For convenience to our patients we offer the following methods of payment.

### **PAYMENT OPTIONS:**

We offer a 5% pre-payment savings for all uninsured treatment that is paid in full prior to or at the time of treatment.

**Credit & Debit Cards:** For your convenience, we accept payment by several major credit and debit cards.

**Payment Plans:** For those who desire a monthly payment plan, we offer Care Credit. There are no application fees. You may apply online at [www.carecredit.com](http://www.carecredit.com) or see our financial coordinator for assistance to apply when you arrive in our office. These arrangements must be made prior to treatment.

### **INSURANCE: WE ARE CONSIDERED AN OUT OF NETWORK PROVIDER FOR ALL INSURANCE COMPANIES.**

Payment of your deductible, as well as the estimated out of pocket expense, is expected at the time of treatment. **We will provide insurance billing as a service to you. However, if there is no payment from your insurance company in our office within 45 days, you are responsible for the balance, in full, at that time.** Your insurance policy is a contract between you and your insurance company, and we are not able to negotiate with your insurance company on your behalf. **Any balances unpaid after 60 days will be subject to finance charges equal to 1.5% per month. Balances over 90 days will be subject to collections.**

**Usual and Customary Rates:** Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. Please, be aware that some of the services we provide **may not be covered** by your dental plan. You are responsible for payment regardless of your insurance company's exclusions and fee schedules.

### **MISSED APPOINTMENTS:**

When you schedule an appointment, we reserve that time especially for you. We understand situations arise and you may need to reschedule. As a courtesy, we ask that you contact our office **48 hours** in advance to change an appointment.

---

### **MINOR PATIENTS:**

If a minor is not accompanied by their parent/guardian, arrangements for payment need to be made prior to the appointment. In the case of divorced parents, the parent **accompanying** the child is responsible for services rendered.

**Guarantor/Responsible Party:** \_\_\_\_\_ **Date:** \_\_\_\_\_

---

### **PAYMENT POLICY:**

I have read the Payment Policy and understand, as a patient, or legal guardian of a minor patient, I agree to pay for all services rendered in accordance with the terms and conditions set forth in this financial policy.

**Patient or Responsible Party:** \_\_\_\_\_ **Date** \_\_\_\_\_

---

### **PRIVACY NOTICE:**

Health Insurance Portability and Accountability Act (HIPAA). By signing below, I acknowledge that Laurelwood Dental has a privacy practice. This privacy practice is available to read at any time.

**Patient or Responsible Party:** \_\_\_\_\_ **Date** \_\_\_\_\_