

**Damascus Family Dental
20360 SW Hwy 212
Damascus Or 97089**

Financial Policy and Patient Agreement

Our Mission is to provide you with the opportunity to choose optimum dentistry that will contribute to your own dental health and happiness.

It is important to us that we develop a partnership in caring for your dental needs. We want you to feel comfortable asking any questions you may have or sharing your concerns. We make every effort to provide the highest quality dental service in a caring, friendly and supportive environment.

For patients without dental insurance, we require payment in full at the time of service. If you do have dental insurance, your estimated portion is also required at the time of service. We do not bill patient balances. As a courtesy to you, we bill your insurance on your behalf. All insurance balances not paid within 30 days, become the patients responsibility to pay. For your convenience, we do accept cash, check, Visa and Master Card. For treatment totaling \$500.00 or more, we will extend a prepay discount of 5% if paid in full by cash or check prior to scheduling.

All past due accounts are subject to finance charges in the amount of 1.5% per month, or sent to a collection agency.

We value your time, and ask that you value ours as well. Each appointment time you are given is reserved exclusively for you. When an appointment is not kept, time lost that could have been used to see another patient in need. Therefore, we ask that you please keep your appointment time and arrive on time. If proper notification is not given, a fee in the amount of \$50.00 per hour may be assessed.

If at any time you have any questions regarding this policy and agreement, please feel free to let us know.

By signing below, I agree that have reviewed and understand the information above

Responsible Party and/or Legal Guardian

Date