

Jared M. Thomson D.M.D Financial Policy

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Our fees are comparable to the usual and customary fees charged by like general dentists in this area. These charges are based on the cost of materials, as well as the time and skill involved. These fees are not necessarily the same as what your insurance considers "usual and customary."

Patients with Dental Insurance

Your dental benefit program will help you obtain and maintain a superlative level of oral health. However, dental treatment is dictated by need, not by insurance coverage. Our recommended treatment is based on correcting existing dental problems, **NOT** on what your insurance will pay for. The benefits specified in your contract are directly related to the amount of insurance coverage that you or your employer have purchased, and bear no relationship to the value of our services. You will be expected to pay for services rendered if this office is unable to verify your insurance information before treatment. If payment for services already rendered has not been paid in full within 45 days, either by you or your insurance company, the remaining balance for treatment is considered due and collectible from you.

Payment Options

In order to facilitate the very best health care and keep billing and other fees down, payment is expected at the time services are rendered. You may choose from any of the following: **cash, check, debit, credit card, money order, or care credit** (see details below).

- **Prepay Courtesy (for patients without insurance)**

A prepayment courtesy of 5% will be subtracted from the total patient obligation (not from insurance copayment) if the patient obligation is **paid in full at the first treatment visit** by cash, check or money order.

Prepay courtesy does not apply to Credit Card or Care Credit payments, or patients carrying insurance.

- **Care Credit**

Care Credit specializes in financing healthcare for patients. Care Credit offers a **no interest payment plan** up to 12 months, with extended payment plans at a 13.90% interest rate up to 60 months. There is **no prepayment penalty!** Fast approval obtained by filling out an in-office, over the phone, or online application. For additional information please speak with our office manager.

- **In office Payment Plans**

Our in office payment plans are limited to no more than 90 days from the initial date of service. We require a valid credit card account number to be on file, and in the event that you default from your payment plan we will continue to deduct the remaining balance as stated in the original agreement that you signed.

Appointments

We make every effort to honor all time commitments and request that you extend the same courtesy to us. If your scheduled appointment cannot be honored, please notify our office so the time can be reserved for another patient.

We require a 48 hour notice for any cancellations, missed appointment and or short notice rescheduling. Leaving a message on our answering machine is not considered notice of cancellation. We reserve the right to charge any and all of these appointments with a standard fee of **\$35.00 per hour**. Patients arriving late to their appointments may be rescheduled in order to meet the needs of all our patients.

Additional Fees

After your insurance pays we will send a statement to you with any remaining balance, if this balance is not paid in full after the first statement you will be charged minimum finance charge of \$1.50 per month or 18% per year. If your account is turned over to a collection agency or an attorney for collections there will be a \$110.00 fee and any attorney fees in addition to the balance owing on the account. In addition if you remain a patient with our practice after being sent to collections, we will require all services to be paid prior to appointment with cash or credit. A \$25.00 fee will be added to cover our cost for any returned checks. In addition we will not accept checks in the future from any person with a returned check history.

Agreement

By signing below you acknowledge that you have read and understand your financial options and obligations, and agree to the terms described above.

Signature

Date