

FINANCIAL POLICY

(as of January 1, 2011)

Payment is expected at the time of service. If you have a dental insurance plan, your co-payment, deductible and/or your estimated balance are due at the time of service. As a courtesy, we will bill your insurance company for you.

ACCEPTED FORMS OF PAYMENT:

1. Cash, check, debit or credit cards (Visa, Mastercard, Discover, and American Express).
2. Most dental insurance plans.
3. Third party financing that is approved by Bigelow, Pastrell, Buchanan & Hartzell General Dentistry.

DENTAL INSURANCE:

- **PRIMARY INSURANCE:** We require that all insurance co-pays and estimated patient balances, minus estimated insurance assistance, be paid at the time of service. As a courtesy, we will bill your insurance for services rendered. To do so we must receive an updated copy of your insurance card at your first appointment. If requested, we will submit a pre-treatment "estimate of benefits" request to your insurance company before we schedule your treatment. This allows us to obtain an *estimate* of your dental benefits and the *estimated* amount your dental plan expects you to be responsible for. **While we help you to maximize your allowable insurance benefit, the insurance contract is between you (the insured) and your insurance company, and does not replace your responsibility for your account with us.** Any balance not paid by the insurance company remains your responsibility, including the balance exceeding usual and customary rates (UCR).
- **SECONDARY INSURANCE:** Having more than one insurer **DOES NOT** necessarily mean that your services are covered 100%. As a courtesy, we will gladly bill your secondary insurance company. **Any balance not paid by your secondary insurance company remains your responsibility.**

For patients without insurance, our office will expect payment in full at time of service. If unable, a 50% down payment on services rendered will be accepted and the balance to be paid off over 4 months. If there are unpaid balances, a finance charge of 12% ANNUALLY will be applied to any balance held past 120 days. Returned checks are subject to a fee of \$25.00 (per check). In the event that your account is not paid in full, you may be referred to a collection agency. You will be responsible for all fees incurred for collection of your bill.

5% COURTESY ADJUSTMENT

This is our way of saying thank you for maintaining your account in good-standing by paying your bill in full with minimal administrative overhead on our part. Only cash, check, or debit payments in full are eligible to receive the 5% courtesy adjustment. Payments with credit cards are NOT eligible for this adjustment. The courtesy adjustment will not be given if we are managing your insurance, mailing statements, or otherwise administering your account. Your previous account balance must be zero to receive the 5% courtesy adjustment.

Your appointment time has been reserved exclusively for you. Any changes in your appointment affects many patients. **We respectfully ask that you provide 48 hours notice if you need to change an appointment.** Patients demonstrating consistent late cancellations or no-shows may be charged \$25.00 or each missed appointment and/or may be dismissed from the practice.

I have read and understand the above information. I understand that I am responsible (regardless of my insurance) for any charges incurred from services rendered.

(Name of patient or responsible party- PRINT)

(Signature)

(Date)

Bigelow, Pastrell, Buchanan, & Hartzell General Dentistry

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