

Curtis M. Clark, DMD, P.C.
2500 NW CENTURY DR
CORVALLIS, OR 97330
541-754-0600

FINANCIAL POLICY AND AGREEMENT

We pledge ourselves to providing you with the best in oral health care. We will do everything possible to serve you in a professional, courteous, and friendly manner. We hope the following information will answer any questions you may have.

Diagnostic & Consultation Services

(initial) Fees for diagnosis, consultation, x-rays, or other similar services are due at the completion of your diagnostic appointment, today, if not fully covered by your dental insurance. If you have questions about the amount due today, please ask the receptionist. A treatment plan will be created with estimated costs shown for any future appointments.

Insurance Payments

(initial) **You are fully responsible for knowing your own insurance coverage limitations and are liable for any charges incurred as a result of services rendered regardless of how your insurance pays.** You are responsible for knowing what your out of pocket portion will be at the time of treatment. If you are unsure of the amount due please ask before you schedule your appointment.

General Payment Terms

(initial) 100% of your out of pocket portion is due at the time of service for balances \$200.00 or less. If total cost of treatment is greater than \$200.00, payment is due at the time of service unless prior payment plan arrangements have been made. Payment plans are not available for Extractions, Bleaching or Implant related services. All balances are to be paid in full within 90 days of service. Patient balances not paid after 90 days will incur a 1.5% monthly finance charge.

Financial Options

We accept Checks, Cash, Visa, Discover, and Mastercard.

Discounts

Our office offers a 5% discount for students, seniors, and those making cash payments at the time of service. Discounts are not additive.

Missed Appointment Fee

(initial) **A \$40.00 Missed Appointment Fee will be assessed if an appointment is missed or cancelled without 24 hours notice.**

I certify that I have read and understand the above information to the best of my knowledge. I authorize and request my insurance company to pay directly to Dr. Curtis M. Clark. I understand that my dental insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependants. In case of default on payment of this account, I agree to pay collection cost and reasonable attorney fees incurred in attempting to collect on this amount or any future outstanding account balance.

Patient or Guardian Signature: _____

Date: _____