

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. Our fees are based on the quality materials used and the time, effort, and skill required in performing your needed treatment. We would be happy to discuss our charges and how they relate to your particular situation. We will strive to maximize your insurance benefits and/or create a payment plan that best meets your needs. We recognize that temporary financial situations may affect timely payment of your account. If such problems arise, we encourage you to contact us promptly for assistance in the management of your account. We hope the following information will answer any questions you may have.

General Payment Terms

Fees for diagnosis, consultation, x-rays, or other similar services are due at the time of service if not covered by your dental insurance. A treatment plan will be created with estimated costs shown for any future treatment appointments needed. A payment may be required at the time of service if you have not already entered into a payment plan. Payment plans are not available for bleaching services. We accept cash, check, American Express, Discover, Master Card, and Visa. **If you have questions about the amount due today, please ask the receptionist.**

Insurance Payments

You are fully responsible for knowing your own insurance coverage limitations. Your deductible is due at the time of service and you are liable for any charges incurred as a result of services rendered regardless of how your insurance pays your claim. The treatment plan we provide is our best **estimate** of what your insurance will pay and is not a guarantee of payment.

Missed Appointment Fee

In order to keep the cost of dental care down, we try to maintain an efficient appointment system. When patients fail to keep their appointment or cancel at the last minute our system becomes less effective. We require at least 24 hour notice if your appointment needs to be rescheduled. A **\$40.00 Missed Appointment Fee** will be assessed if an appointment is missed without required notification.

I certify that I have read and understand the above information. I authorize and request my insurance company to pay my claim 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. In case of default on payment of my account balance, I agree to pay collection cost and reasonable attorney fees incurred in attempting to collect my outstanding account balance.

Patient Printed Name: _____

Patient or Guardian Signature: _____ Date: _____