

Southwest Portland Dental
1616 SW Sunset Blvd., Suite B. Portland, OR 97239
Phone (503) 244-8112

PAYMENT POLICY & HIPAA ACKNOWLEDGMENT

We are committed to providing you with the best possible dental care. In order to achieve this, we need your assistance, and your understanding, on our payment policy. If you have dental insurance, we are happy to help you receive your maximum allowable benefits. If your dental needs are a result of a job related injury, please let us know before services are rendered. For convenience to our patients, we offer the methods of payment listed below.

PAYMENT OPTIONS:

5 % Discount: We offer a 5% discount for all uninsured treatment that is paid in full prior to or at the time of treatment with cash, check or debit card. This will not apply to accounts that have an existing balance.

Credit & Debit Cards: For your convenience, we accept payment by several major credit and debit cards. Please inquire at the front desk.

Payment Plans: For those who desire a monthly payment plan, we offer Care Credit. There are no application fees. You may apply online at www.carecredit.com or see our financial coordinator for assistance to apply when you arrive in our office. These arrangements must be made prior to treatment.

INSURANCE:

Payment of your deductible, as well as the estimated out of pocket expense, is expected at the time of treatment. **We will provide insurance billing as a service to you. However, if there is no payment from your insurance company in our office within 45 days, you are responsible for the balance, in full, at that time.** Your insurance policy is a contract between you and your insurance company, and we are not able to negotiate with your insurance company on your behalf. **Any balances unpaid after 60 days will be subject to finance charges equal to 1.5% per month. Balances over 90 days will be subject to collections.**

Usual and Customary Rates: Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. Please be aware that some of the services we provide **may not be covered** by your dental plan. You are responsible for payment regardless of your insurance company's exclusions and fee schedules.

MISSED APPOINTMENTS:

When you schedule an appointment, we reserve that time especially for you. We understand that situations arise and you may need to reschedule. As a courtesy, we ask that you contact our office **48 hours** in advance to change an appointment. You may be charged a \$50 fee for missed appointments.

MINOR PATIENTS:

If a minor is not accompanied by their parent/guardian, arrangements for payment need to be made prior to the appointment. In the case of divorced parents, the parent **accompanying** the child is responsible for services rendered.

PATIENT AGREEMENT:

I, the patient or legal guardian of a minor patient, verify that I have read the Payment Policy and understand the full content, I agree to pay for all services rendered in accordance with the terms and conditions set forth in this financial policy.

Patient or Responsible Party: _____ Date _____

PRIVACY NOTICE:

Health Insurance Portability and Accountability Act (HIPAA). By signing below, I acknowledge that Southwest Portland Dental has a privacy practice. This privacy practice is available to read at any time.

Patient or Responsible Party: _____ Date _____