



FINANCIAL POLICY AND AGREEMENT

THANK YOU FOR CHOOSING ROBERT ALAN PRATT, DMD, PC FOR YOUR DENTAL NEEDS. WE ARE COMMITTED TO PROVIDING YOU WITH EXCELLENT CARE AND CONVENIENT FINANCIAL OPTIONS. WE REALIZE YOU MAY BE REQUIRING SOME DENTAL CARE AND IT IS EASY TO FORGET THAT A DOCTOR'S OFFICE IS ALSO A SMALL BUSINESS. IN THE INTEREST OF BOTH GOOD MEDICINE AND GOOD BUSINESS, WE BELIEVE IT IS BEST TO ESTABLISH A POLICY TO AVOID ANY MISUNDERSTANDINGS LATER. AS A RESULT, WE HAVE DEVELOPED THIS POLICY.

PLEASE READ, SIGN AND RETURN THE FOLLOWING:

PAYMENT:

PAYMENT FOR SERVICE IS DUE AT THE TIME SERVICES ARE PROVIDED UNLESS OTHER PAYMENT ARRANGEMENTS HAVE BEEN APPROVED IN ADVANCE. WE ACCEPT CASH, CHECK, BANK DEBIT, VISA, MASTERCARD AND DISCOVER. YOU ALSO MIGHT BE INTERESTED IN TAKING ADVANTAGE OF OUR FINANCING OPTIONS THROUGH A THIRD-PARTY. BY UTILIZING THIS WONDERFUL FINANCE OPTION, YOUR ENTIRE FAMILY WILL ENJOY THE EXCELLENT TREATMENT WE PROVIDE WITH MINIMUM EASY TO BUDGET MONTHLY PAYMENTS. THEY OFFER A VARIETY OF INTEREST FREE FINANCING INCLUDING PLANS WITH 3, 6, AND 12 MONTH OPTIONS. ALL ACCOUNTS ARE DUE WITHIN 90 DAYS OF TREATMENT.

DENTAL PROCEDURES THAT REQUIRE A DENTAL LABORATORY CHARGE INCREASES OUR EXPENSE DRAMATICALLY. LABORATORY FEES ARE INVOLVED IN DENTURES, PARTIALS, CROWNS, BRIDGES, BITE-GUARDS AND SPLINTS. IF YOU ARE COVERED BY DENTAL INSURANCE WE WILL PRE-AUTHORIZE ALL TREATMENT TO YOUR INSURANCE COMPANY TO FIND OUT THE BENEFITS THAT YOU ARE ELIGIBLE FOR REGARDING THESE PARTICULAR PROCEDURES. THE PORTION THAT THE INSURANCE COMPANY OR IN THE INSTANCE THAT YOU DO NOT HAVE DENTAL COVERAGE FULL PAYMENT NEEDS TO BE MADE AT THE INITIAL APPOINTMENT TIME THAT THE IMPRESSIONS ARE TAKEN.

A DELINQUENT PAYMENT HISTORY WILL DAMAGE YOUR CREDIT WITH THIS OFFICE AND NO FURTHER TREATMENT WILL BE PROVIDED UNTIL THE ACCOUNT IS PAID OFF. IN THE EVENT THAT THE ACCOUNT IS SENT TO COLLECTIONS IT WILL RESULT IN DISMISSAL FROM THIS PRACTICE.

INSURANCE:

WE WILL BE HAPPY TO PROCESS YOUR INSURANCE CLAIM FORM ELECTRONICALLY AS A COURTESY TO YOU. REMEMBER YOUR DENTAL INSURANCE IS A CONTRACT BETWEEN YOU, YOUR EMPLOYER, AND THE INSURANCE COMPANY. PLEASE UNDERSTAND THAT INSURANCE POLICIES VARY GREATLY, THEREFORE WE CAN ONLY ESTIMATE YOUR COVERAGE IN GOOD FAITH, BUT CANNOT GUARANTEE COVERAGE DUE TO THE COMPLEXITIES OF INSURANCE CONTRACTS.

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SERVICE CHARGES:

A FINANCE CHARGE OF 1.25% WILL BE ADDED TO ALL ACCOUNTS AFTER 90 DAYS.

MISSED OR CANCELLED APPOINTMENTS:

ONCE AN APPOINTMENT HAS BEEN MADE, PLEASE REMEMBER THAT THIS TIME HAS BEEN RESERVED SPECIFICALLY FOR YOU. WE RESERVE THE RIGHT TO CHARGE A FEE (\$25.00) FOR ALL CANCELLED OR MISSED APPOINTMENTS WITHOUT 24-HOUR NOTICE.

TIMELINESS AND COMMUNICATION:

WE ARE COMMITTED TO SEEING YOU ON-TIME AND REQUEST YOU BE ON-TIME FOR YOUR VISITS AS WELL. THIS WAY, WE CAN ENSURE ALL OUR PATIENTS ARE SEEN WHEN PROMISED. AS IT RELATES TO COMMUNICATIONS, WE WILL REQUEST YOU GIVE US PERMISSION TO TELL YOU EXACTLY WHAT IS HAPPENING WITH YOUR DENTAL CONDITION AND EXPLAIN HOW TO BEST TREAT THAT CONDITION(S).

I UNDERSTAND AND AGREE TO THIS FINANCIAL POLICY AND AGREEMENT

SIGNATURE OF PATIENT/RESPONSIBLE PARTY

DATE