



Trenton LeBaron, D.M.D.

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OFFICE FINANCIAL POLICY

Our primary responsibility is to help our patients experience good oral health. So, in the interest of a good oral health care practice, it is desirable to establish an office financial policy to avoid misunderstandings.

- All dental services performed without previous financial arrangements must be paid in full at the time services are rendered. We accept Cash, Personal Check, Visa, Discover, and MasterCard.
- Monthly payment plans through CareCredit are available, if approved.
- For those with dental insurance plans:
 - You are required to provide our office with your current dental insurance card with ID prior to treatment unless the full balance is paid at the time of service. Your *estimated* patient portions, applicable co-pays and deductibles are to be paid at the time of service. Please note that quoted patient portions are only *estimates* based on the information we have received from *your* insurance company, which can change after your claim has been processed. We will submit your insurance claim as a courtesy and will credit any insurance contributions received to your account. If there is no payment received from your insurance company within 60 days, then you will be responsible for the balance in full at that time.
- There is no interest or finance charge on current accounts, however after 90 days all accounts are subject to a finance charge of 18% of your remaining balance.
- Broken or missed appointments may be subject to a \$75 inconvenience fee.

As a patient, or responsible party, I agree to pay for all services rendered in accordance with the terms and conditions set forth as stated in the financial policy above. I understand that delinquent accounts may be assigned to a credit reporting collection service and may be charged a \$50 collection fee. I hereby authorize Keizer Smile Center to release information necessary to secure payment. I also hereby assign all rights and authorize payment directly to Keizer Smile Center for any claim filed on the patient's behalf.

Signature

Date