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# **Financial Policy**

## Welcome...

Thank you for choosing Southern Oregon Periodontics as your dental specialist. We are committed to providing you with the highest quality service and treatment. The following is a statement of our Financial Policy, please review it and sign below.

## TREATMENT PLANS

Due to unforeseen circumstance, the fees presented to you are estimates. Your treatment plan is valid for 60 days from the date presented, and is subject to revision. Treatment could be altered if your dental needs change. The patient will be notified of any change(s) in treatment.

## INSURANCE

As a courtesy to our patients, we will gladly accept assignment of dental benefits from your insurance provider. We are currently a Preferred Provider with Delta Dental Premier (which includes ODS/ MODA health) and will be considered out-of-network with all other PPO insurance carriers. Our fees are set thoughtfully and with flexibility. However, these fees may be more than what your insurance considers their usual & customary fees. Furthermore, certain procedures may not be covered. Regardless, the patient is responsible for any balance. For a more accurate estimate of benefits, you may request a pre-authorization be submitted; response times depend on your insurance company.

If you wish to participate in the discounts offered to our patients without insurance; the total cost for treatment must be paid up front with assignment of insurance benefits sent to you.

## WITHOUT INSURANCE

We gladly extend courtesy adjustments to help with cost of treatment. Payment is due in full at time of treatment. Discounts are for these payment types only: Cash or check: 10% (\$25 Returned check fee), Credit cards: 7%.

#### **FINANCING**

Subject to approval, a comfortable monthly payment plan may be available. Let us know if you are interested in 3<sup>rd</sup> party financing.

## MISSED APPOINTMENTS

Unless canceled at least 48 hours in advance, our policy is to charge \$50.00 for broken appointments. Extenuating circumstances will be given consideration, but repeated instances will not and may require a deposit or prepayment for services. Please help us serve you better by keeping scheduled appointments.

# **INTEREST & COLLECTIONS**

We reserve the right to charge interest in the amount of 18% per annum as provided by state law. In the event that your account is not paid and we refer the account to collections, you will be responsible for all fees incurred for the collection of your bill, including reasonable attorney fees as necessary.

#### CONSENT

I understand and agree to this Financial Policy.

Print name:	Signature	Date	