

CLACKAMAS IMPLANT & ORAL SURGERY CENTER

FINANCIAL POLICY

Thank you for selecting Clackamas Implant & Oral Surgery Center for your oral surgery care. We understand that every patient's financial situation is different. Our primary goal is not to allow the cost of treatment to prevent you from benefiting from the quality care you need or desire.

Our fees are based on the quality materials we use and the time, effort and skill required in performing your needed treatment. We charge what is the usual and customary for our area. We will assist you with your benefit eligibility before treatment to help you calculate your costs and maximize your insurance. We will be sensitive to your financial circumstances and do everything possible to help you achieve oral health. Ultimately, however, you are responsible for payment regardless of any insurance companies arbitrary determination of usual and customary rates.

We are happy to submit the claims necessary to see that you receive the full benefits of your coverage; however we cannot guarantee any estimated coverage. Because the insurance policy is an agreement between you and the insurance company, we ask that all patients be directly responsible for patient portions at time of treatment. Please know that we will do everything possible to see that you receive the full benefits of your policy by electronically filing your claim the day of your appointment.

We accept the following forms of payment: Cash, Visa, MasterCard, Discover and Debit. **We do not accept personal checks or American Express.** In addition, we offer CareCredit & Lending Club (upon credit approval), both are patient payment programs offering a full range of No Interest and Extended Payment Plans for treatment fees from \$200.00 up. Please note that patients who apply for CareCredit have a waiting period of 3 business days, upon approval, before using the payment program. **Payment for services is due at the time services are rendered.**

We would be happy to discuss our charges and how they relate to your particular situation. Also, please feel free to contact our wonderful staff at anytime to discuss any concerns you may have. Thank you for understanding our Financial Policy.

Please be aware that all consults, related diagnosis and radiographs are guaranteed. All patient appointments scheduled six (6) months after the initial consult will be required to schedule

I have read and agreed to the Financial Policy of Clackamas Implant & Oral Surgery Center.

Signature of Patient or Responsible Party

Date