

Financial Policy

Bruce F. Colwell, D.M.D.

Aloha Professional Plaza 3895 SW 185th Ave., #170 Aloha, OR 97007

We are committed to providing you with the best possible care. If you have dental insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

Your estimated co-payment is due at the time services are rendered unless payment arrangements have been approved in advance by our staff. We accept cash, checks, MasterCard, Visa or Discover. We will be happy to help you process your insurance claim-form as long as we have an assignment of insurance benefits on file.

Account balances older than 30 days may be subject to additional collection fees and interest charges of 1.5% per month, which is 18% per annum. Returned checks will be charged a fee of \$35.00. Charges may also be made for broken appointments and appointments cancelled without 24-hours notice. We will gladly discuss your proposed treatment in advance and answer any questions relating to your insurance.

Our fees generally fall within the acceptable range by most insurance companies (the “UCR” – usual, customary and reasonable), unless reimbursement is based upon a “schedule” of fees. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

We must emphasize that, as dental care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered and all estimated patient portions are due at the time of treatment. We realize that temporary financial problems may affect your timely payment on your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. If your account is assigned to a collection agency, there will be a flat fee of \$40.00 added to your balance.

Our office is dedicated toward improving the dental health of our patients. We know your time is valuable, so we reserve space in our schedule especially to treat you. If you are not able to keep your appointments, we request early notification (24+ hours) if you are unable to keep them. If we do not have the early notification, there may be a \$35 charge assessed to your account.

If you have any questions about the above information or any uncertainty regarding your insurance coverage, PLEASE don't hesitate to ask us. We are here to help you.

Signature below acknowledges that you have read and understand this Financial Policy. Print

Name: _____

Signature: _____

Date: ____ / ____ / ____