

Mario A. Pedroza, D.D.S.

324 S.E. 9th Avenue, Suite B
Hillsboro, Oregon 97123

OFFICE FINANCIAL POLICY

In an effort to keep billing costs down, thus keeping fees down, we ask that payment be made at the time services are rendered. We accept cash, check, credit, debit, or Care Credit as forms of payment. \$30.00 will be added to cover our costs for any returned checks. In addition we will not accept checks in the future from any persons with a returned check history.

Insurance benefits are determined by your employer and not your dentist. Any deductible or estimated co-payment amount will be due at the time of treatment. Insurance is not a guarantee of payment; they will not pay for all your costs. **Your insurance policy is a contract between you and your insurance company.** Your insurance and payment is still your responsibility. As a courtesy we will be glad to file your claim for you if you bring: 1) your dental insurance wallet card and 2) all required employer information. You will be expected to pay for services rendered if this office is unable to verify your insurance information before treatment. **If payment for services already rendered has not been paid in full within 45 days, either by you or your insurance company, the remaining balance for treatment is considered due and collectible from you.** There will be 1.5% interest applied to any accounts over 30 days and a \$3 billing fee to all accounts that receive a statement for overdue payments.

We require a **48 hour notice** for any cancellations, missed appointments and/or short notice rescheduling. Leaving a message on our answering machine is not considered notice of cancellation. We reserve the right to charge any and all of these appointments with a standard fee of **\$80 per half hour**. However this fee may be higher per appointment. Patients arriving late to their appointments may be rescheduled in order to meet the needs of all our patients. The missed appointment policy applies for late arrivals as well.

Seperated/ Divorced Parents of Minors who are each responsible for one half of the cost of a child's/ children's dental care, the **parent who brings the child in is responsible** for paying the co-payment or full fee. It may be necessary to have a credit/ debit number from the non-custodial parent on file.

All payments are due at time of service. If your account is turned over to a collection agency or an attorney for collections there will be a \$150.00 fee and any attorney fees in addition to the balance owing on the account.

I have read and understand this financial policy.

PRINTED NAME

SIGNATURE

DATE