

FINANCIAL POLICY

Thank you for choosing Camas Dentistry as your dental health care provider. It is our commitment to provide quality care to our patients and avoid misunderstandings. At this time, we would like to inform you on our office policy regarding payment for services rendered.

All fees, including co-payment and deductible, are due at the time of service. For your convenience we accept the following forms of payment: Cash and credit cards. We also offer Care Credit Financing that allows you to pay with interest free monthly payments. For more information please ask our front office staff.

Our office will bill your insurance company as a courtesy to you. We will provide you with an insurance estimate prior to any treatment being performed. This is just an *estimate* and the **amount the insurance company pays may be different than what we have estimated**. If for any reason your insurance does not pay the estimated amount, **you will become responsible for the balance**.

Sometimes treatment may differ from the proposed treatment plan that you were given during the examination appointment. You will be informed of any of these unforeseen changes.

MISSED OR CANCELLED APPOINTMENT POLICY

If you cannot come to your scheduled dental appointment, **please call the office at least 48 hours prior** to the appointment. This allows us to fill the time with another patient.

Please be on time for your appointment. If you are more than 15 minutes late we may have to reschedule your appointment. **You will be charged a missed appointment fee of \$50.00 without 48 hour notice.**

I authorize Camas Dentistry to contact my employers Human Resource Department to receive any needed insurance information for myself and family members and release all information necessary to secure the payment of benefits.

I have read and understand the policy above for Camas Dentistry.

Patient/Guardian Signature: _____

Date: _____