

DENNIS P. CLARK, D.M.D., P.C.

FINANCIAL AGREEMENT

Our staff is sensitive to financial issues and we strive to make this process as convenient and comfortable as possible for every patient. We know that this is delicate for many patients and want you to feel free to discuss any concerns that you may have at any time. Although it is necessary for us to have policies in place, we hope that you will find this experience to be positive. We take this seriously and have your best interest in mind at all times.

IF YOU ARE COVERED BY INSURANCE:

For patients with insurance, we require a deposit at the time of service. This deposit is typically 40% of the total charge but is based on our insurance claims experience and knowledge and may fluctuate due to the circumstances involved. All charges incurred at an examination appointment are due in full at the time of the examination. Our staff is happy to bill your insurance company as a courtesy and it is our goal to maximize insurance benefits in order to keep your out-of-pocket costs to a minimum. Please keep in mind that your insurance company will not respond to or pay on a claim unless all billing information is accurate. It is essential that we are given the correct billing information at the time of service. Additionally, it is important that you know the terms and the exclusions of your policy. Often times, people are under the impression that if a person has insurance, then it is the insurance company who owes the doctor for services rendered. The insurance contract, however, is between the patient and the insurance company only. Therefore, the patient (or the guarantor) is responsible for the bill, regardless of insurance coverage determination.

We are happy to send a pre-authorization to your insurance company to determine estimated benefits and strongly suggest doing so. This is not, however, a guarantee of what your insurance company will cover and it can take up to several weeks to receive this information back from your insurance company. Not all circumstances allow the time necessary to accomplish this. This is done at the patients request only.

IF YOU ARE NOT COVERED BY INSURANCE:

Patients without insurance coverage are expected to make payment in full for all charges at the time of service. Please see "Payment Options" for more information on forms of payment accepted.

MEDICARE BENEFICIARIES:

Dr. Clark does not participate in Medicare and cannot bill Medicare for any services that he provides for Medicare eligible patients. We welcome Medicare patients, however, all charges are payable by the patient. Additionally, for Dr. Clark to perform services that could possibly be covered by Medicare, it is necessary for the Medicare beneficiary and Dr. Clark to enter into a separate private contract prior to treatment. Our staff will give you a contract to sign, in the event that it is necessary.

PLEASE CHECK BOX IF YOU ARE ELIGIBLE FOR MEDICARE

IMPLANT SURGERY:

Implant surgery may not be covered by your insurance plan. If you wish, we will contact your insurance company to get a written pre-determination of benefits on your behalf. If a pre-determination, showing implant coverage, is received by our office prior to your surgery, the amount of your deposit will be based on this pre-determination. Our financial coordinator will finalize the financial details with you prior to surgery. Please know that it is important to us that you feel comfortable asking any questions that you have. Please don't hesitate to do so.

HOSPITAL SURGERY:

If hospitalization is required, we will contact your insurance company for necessary pre-certifications. A deposit, based on your insurance benefits, will be required one week prior to surgery. We will inform you of the deposit amount following our communications with your insurance company. If there is no coverage through your insurance company, or if you have no insurance, payment in full is required one week prior to surgery.

PAYMENT OPTIONS:

WE ACCEPT VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER, DEBIT CARDS, CASH, PERSONAL CHECKS OR CARE CREDIT. You may inquire about Care Credit @ www.carecredit.com or call (800)859-9975.

Please note: We require a social security number or a copy of your drivers' license for any fees not paid in full by cash.

STATEMENTS:

If you have a balance on your account, we will send you a statement. This balance is due in full upon receipt of your statement.

MISSED APPOINTMENTS:

We understand that occasionally circumstances arise that make it necessary to cancel or reschedule appointments. Although we reserve the right to do so, we currently do not charge for missed appointments. If your appointment is cancelled more than two times without a one business day notice, our policy requires payment in full prior to rescheduling your appointment.

INTEREST:

We reserve the right to charge interest at the rate of 1.5% per month or 18% per annum on balances unpaid after 30 days.

PAST DUE ACCOUNTS:

If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency or credit bureau, you agree to pay all of the collection costs which are incurred. If we have to refer collection of the balance to a lawyer or we pursue collections thru small claims court, you agree to pay all lawyers' fees plus any and all court costs which we incur. In case of suit, you agree the venue shall be Washington County, Oregon.

There will be a \$30.00 service charge on any check returned unpaid by your bank.

AUTHORIZATION:

With my signature below, I hereby authorize release of any relevant information necessary to process my claim to my insurance company. I also authorize any insurance benefits otherwise payable to me to be paid directly to Dennis P. Clark, D.M.D., P.C. providing the services.

ACKNOWLEDGEMENT:

I acknowledge that I have read the above, understand it, and agree to the terms of this contract.

Signature of Patient or Responsible Party Relationship to Patient Date

Name of Patient (please print)