

Compassionate Dentistry

130 NW D Street | GRANTS PASS OR, 97526 | (541) 956-2177

Written Financial Policy

Thank you for choosing Compassionate Dentistry. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

You can choose from:

- Cash, Check, Visa, Mastercard, American Express or Discover Card

We offer a 5% courtesy accounting adjustment to patients who pay for their treatment in full with cash or check prior to or at the time of service.

- Convenient Monthly Payment Plans from CareCredit (Subject to credit approval)

- Allow you to pay over time
- No annual fees or pre-payment penalties

Please note:

Compassionate Dentistry requires payment prior to the beginning of your treatment. If you choose to discontinue care before treatment is complete, you will receive a refund less the cost of care received.

Any balance over 60 days will have an added 1.5% finance charge (22% annually), with a minimum finance charge of \$0.75.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment. However, if we do not receive payment from your insurance carrier within 60 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.

A fee of \$75 is charged for patients who miss or cancel without 24-hour notice.

Compassionate Dentistry charges \$30 for returned checks.

In the event the account must be referred to a third party for collection, customer agrees to pay all reasonable collection and/or attorney fees, as well as court costs incurred to effect collection.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)