



Lane Harris DMD  
Peter Morse DMD  
1036 Elm St SW  
Albany OR 97321  
Ph 541.928.2993  
Fax 541.926.0339

**Financial Agreement**

We are committed to providing you with the highest quality dental care and up-to-date information so that you may fully participate in maintaining the best possible oral health. Our financial policy is intended to facilitate excellent service to you while minimizing our administrative costs.

- Our office request **24-hour notice for cancellations** but understand that this is not always possible. We do have a voicemail and encourage you to call as soon as possible to cancel an appointment. Your account will be reviewed and charged a \$25.00 fee per ½ hour of time for missed appointment with inadequate notice after the second missed appointment. This fee must be paid before treatment will continue.
- We require payment in full at the time of service.
- For patients who have insurance, the entire estimated co-pay is due at the time of service.
- With the information your insurance company provides us, we will do our best to provide you an estimate of your co-pay prior to your appointment. Please read your insurance benefit booklet and understand all waiting periods, frequency limitations, age limits any exceptions, and exclusions. If you are “double covered” with 2 insurance companies, be aware of a “duplication clause” and verify whether or not your secondary insurance has standard coordination of benefits or not.
- As a courtesy, we gladly process your insurance claims and estimate the amount not covered by your insurance. All incurred charges are ultimately the responsibility of the patient regardless of insurance coverage. We do not act as a representative to your insurance company.
- Any balances over 60 days old will be subject to a 1.5% monthly finance charge.
- Returned checks for insufficient funds or closed accounts are subject to a \$25.00 fee. If a check is returned, cash, Visa, Mastercard or CareCredit will be the only accepted form of payment.

Although we are unable to arrange payment plans through our office, Dr Harris offers a credit program through a third party agency, CareCredit. CareCredit is a low, and in some cases, zero-interest credit card, which provides a flexible payment plan and can also be used for a variety of other health care services. More information is available at [www.carecredit.com](http://www.carecredit.com) or by stopping by our office to pick up a brochure.

Payment options:

- Cash
- Visa/Mastercard/Discover/American Express
- CareCredit

I have read and understand the above financial policy of Elm St Family Dental

Signature \_\_\_\_\_

Social Security # \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_