Peter Morse DMD
Austin Weichlein 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 requests **24-hour notice for changes or cancellation** but understand this is not always possible. We have voicemail and ask that you leave a message if you need to change/cancel outside normal business hours. Your account will be reviewed and charged a $25.00 fee per ½ hour of time for missed appointment without 24-hour notice. This fee must be paid before treatment continues.

- 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. Accurate dental insurance is required *at least* 2 business days prior to appointment to avoid collection of total bill.

- 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 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, Elm Street Family Dental 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 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 Street Family Dental
Signature: _____ Social Security #: _____
Printed Name: _____ Date: _____