

FINANCIAL POLICY



Douglas M. Johnson, D.M.D.
General Dentistry

2380 14th Ave. SE, Albany
Scio Memorial Clinic

(541) 928-5414
(503) 394-3345

We share the concern of our patients about the increasing cost of dental and medical care. Our fees are comparable to the usual and customary charges made by General Dentists in the area. These charges are based on doctor's costs, time and skill involved. You will be given a written estimate of the charges before treatment.

Accounts with a returned check will be charged a \$30.00 returned check fee. Accounts with balances over 60 days will be considered overdue and an interest charge of 1.5% monthly (18% annual) will be applied each month. A \$50.00 processing fee will be applied to all accounts that must be referred to collections.

FOR PATIENTS WITHOUT INSURANCE

Patients without insurance coverage are requested to pay their charges at the time the service is provided. A 5% discount is given to cash paying senior citizens (65 and older). We accept cash, check, VISA, MasterCard and Discover. We also offer the CitiBank Health Card and will be happy to assist you in filling out the loan application.

FOR PATIENTS WITH INSURANCE

Patients with insurance coverage are asked to pay their estimated portion at the time service is provided. Please remember that insurance estimates are based on verbal information provided by your insurance company and are not a guarantee of payment. The amount of insurance coverage is an estimate only and may not reflect what your insurance carrier will actually pay. Final determination will be made by the insurance company once the claim has been processed.

We will gladly discuss your treatment with you and answer any questions relating to your insurance. You must realize, however, that:

1. Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract.
2. Not every service is a covered benefit with all insurance contracts. Some insurance companies are selective in what services they cover.
3. Services cannot be provided on the assumption that the charges will be paid by the insurance company; therefore, the patient is responsible for the bill, regardless of insurance coverage.

If a payment from your insurance company results in a credit balance, a refund will promptly be sent to you.

I hereby assign to Dr. Douglas M. Johnson the insurance benefits which are otherwise payable to me for his charges and direct that insurance payments be made directly to him. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize assignee to release all information necessary to secure the payment.

I hereby authorize Dr. Douglas M. Johnson's office to release all chart notes and radiographs to my physician and or dentist.

Signature of Responsible Party

Date