

Robert W. McDowell, D.D.S., P.C.
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Office Policy

In order to assist you in making payment for your dental treatment, several options are available. For payments made with cash, check, or debit at the *time of service* a 5% discount is available. Otherwise payments made by Visa, Master Card, American Express or Discover are not available for the discount. If your payment is not received in full after 60 days, a 1½% interest fee will be applied to your remaining balance. After 90 days, a \$10.00 monthly billing fee will also appear on your statement.

If financial arrangements are necessary, monthly payments are available to a maximum of 4 months. We are willing to extend this to you however; payments are required to be automatically charged to a credit or debit card each month on a day that you choose. Unless these specific payment arrangements have been made prior to treatment, your balance is due at the time services are rendered.

If you have dental insurance, as a courtesy, we will bill your insurance carrier directly. Insurance plans vary and we will do our best to obtain information to help assist you in maximizing your benefits to the fullest. However, please remember the estimate is not a guarantee of payment by your insurance carrier. The percentage of coverage by your policy may be based on the company's own reduced fee schedule. We have found that insurance plans rarely cover 100% of all services rendered; some routine and necessary dental services are not covered by all insurance carriers.

The appointment that you scheduled is reserved specifically for you, but if it becomes necessary to reschedule, we ask that you please phone a minimum of 24 hours in advance. Appointments changed without a minimum 24-hour notice may be subject to a broken appointment fee. Appointments exceeding 1 hour in length are asked to provide a minimum of 48 hours notice. We realize that your time is very important to you, so we make every effort to stay prompt and ask that in return we may receive the same consideration. Missed appointments may be charged a minimum \$50.00 fee.

We reserve the right to charge a \$25.00 fee for all checks returned for non-sufficient funds.

If you share our belief in quality dentistry, the best available, we will team with you to make it a part of your life. Any questions you may have concerning your treatment, financial arrangements or appointment, please do not hesitate to ask. We welcome open communication with our patients and wish to develop a relationship of trust and friendship.

Patient/Guardian Signature

Date