



FINANCIAL POLICY
Moreland Neighborhood Dental

Patient name : _____

Guarantor name : _____

Guarantor email address : _____

PATIENT/GUARANTOR RESPONSIBILITY:

Moreland Dental sends all billing statements electronically via email. For your convenience, these statements have a link to pay your account balance online via credit card. An email address is required for all accounts. We do not share your email address with any entity outside of this office. Arrangements can be made for paper statements under certain circumstances.

Patient/account guarantor is responsible for all charges resulting from dental treatment provided by Moreland Neighborhood Dental. Payment for all dental services will be due at the time of service. As a courtesy, we will bill most insurance carriers directly. However, you are ultimately responsible for your account balance.

Insured patients are required to present their current insurance cards and driver license / photo ID at their initial appointment. If you cannot provide your dental insurance card, you will be asked to pay in full for your visit at the time of service.

Your insurance benefits are an agreement between you or your employer and the insurance company, and you are responsible for understanding your benefits and benefit limitations. Moreland Dental is not a part of this agreement and has no control over the benefit levels or limitations of your dental insurance plan. You are responsible for any balance unpaid by insurance.

We are out of network with most insurance carriers. We do however participate with Blue Cross Blue Shield of Oregon and are in network with the Delta Dental Premiere Plans. We can accept your dental insurance if your plan allows you to see an out of network provider. You are responsible for verifying the limitations of your policy, including but not limited to dental care providers allowed by your policy. We do not accept the responsibility of collecting your claim or negotiating a settlement on a disputed claim.

PLEASE SEE OTHER SIDE. THANK YOU!

All insured patients are responsible for informing Moreland Dental of any changes to their insurance prior to receiving dental services.

All insured patients are responsible for verifying their dental insurance coverage for any proposed dental treatment.

Any estimated out of pocket expense amounts provided to you by Moreland Dental for proposed treatment are only estimates and are not guaranteed to be exact amounts. Any estimated out of pocket expenses not paid by your insurance carrier for any reason are ultimately your responsibility.

RETURNED CHECKS:

It is our office policy to charge a \$40.00 returned check fee for all returned checks.

MISSED APPOINTMENTS:

24 hour notice is requested from you to cancel or reschedule an appointment. We do understand that emergencies and illnesses come up. This fee will apply only to those patients who “no show” for an appointment or habitually give less than 24 hour notice to cancel or reschedule. This fee will apply on the second and following instances of less than 24 hour notice and on the first and following instances of a “now show.” This fee is \$75.00 per hour for a missed hygiene (cleaning) appointment and \$100.00 per hour for a missed appointment with one of our doctors. If you are scheduled for a cleaning and for a service with a doctor on the same day, the fees will apply for both services.

PAST DUE ACCOUNTS:

Finance charges will apply on all accounts over 90 days past due. If you have a past due balance, you will be required to pay this past due balance prior to receiving any additional services.

GUARANTOR SIGNATURE : _____

DATE : _____