



Sharen C. Strong, D.M.D.

Personalized and Comfortable Dental Care
155 Delaware Ave., Bandon, OR 97411
541-347-5555 Fax 541-347-5145

PATIENT FINANCIAL POLICY

Our office takes pleasure in providing each patient with consistently comfortable dental experiences and service personalized to individual needs. It is our personal goal for patients to achieve optimal dental health. To help maintain a good relationship with our patients, this office has adopted a written financial policy. The purpose of this policy is to eliminate confusion or misunderstanding concerning financial arrangements offered by our office. Our office communicates this policy to each patient.

For those with insurance benefits, we are happy to bill your insurance as a courtesy to you. Please note that your insurance contract exists solely between you and your insurance carrier. We will file your insurance claim, but we cannot guarantee any benefits. Your insurance plan is a benefit to you, to help offset the cost of necessary dental care. Ultimately, though, you are responsible for the entire cost of your dental therapies. If your insurance company sends a benefits check to you, simply bring the check to our office. Any questions or comments regarding your benefits should be directed to your insurance carrier.

1. There will be no charge to reschedule an appointment, as long as we are provided at least 24 hours advance notice, during regular office hours. This allows us the opportunity to give this appointment time to another patient who may be waiting. Notification with less than 24 hours advance notice, or failure to keep a scheduled appointment, may result in a Short Notice Cancellation Fee, based on the length of the appointment time.
2. Payment at the time of service, including patient deductibles and co-pays, is expected unless other financial arrangements have been made. Our office accepts payment by cash, check, or a major credit card. Emergency patients are to pay in full prior to treatment.
3. To help our patients receive care, we offer extended payment plans to fit individual financial needs. A credit report will be generated on each patient who applies for a credit option, to determine if payment arrangements can be offered for your dental treatment. Upon approval, a written signed agreement will be completed at our office, which explains the number of payments, interest rate, and total amount to be paid over the term of the agreement. Payment history with our office will be taken into consideration when establishing payment arrangements.
4. A statement for services rendered will be mailed to you at the end of each month. Your account due is considered delinquent if the requested payment is not received by the 10th day of the month. Interest on the unpaid balance of delinquent accounts is 18% annual interest rate.
5. Checks returned due to insufficient funds or stop payment will be charged a \$35 return fee.
6. Delinquent accounts may be sent to a collection agency. NSF checks which are not resolved may be reported to legal authorities.

I have read and understand the financial policy of Dr. Sharen C. Strong DMD, and agree to all of the terms and conditions.

If you request further information about our Financial Policy, please check here.

Patient/Guardian Signature

Date