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OFFICE AND FINANCIAL POLICIES

Thank you for choosing Canby Smiles as your dental care provider!
We are committed to providing you with the best dental treatment possible.
The following is a statement of our office and financial policies.

APPOINTMENTS

Your scheduled appointment time has been reserved for you. We request a **48 hour notice** if you need to cancel your appointment. We are aware that unforeseen events sometimes require missing an appointment. However, you may be subject to a missed appointment fee of **\$50.00**.

PAYMENT IS DUE AT TIME OF SERVICE Please understand that payment of your bill is considered part of your care. For patients without insurance, we expect payment in full at the time of service, we accept: CHECK, CASH, MASTERCARD, VISA or DISCOVER. We understand that necessary dental treatment may be costly for some patients, therefore, financial options are available. These arrangements must be made prior to your scheduled appointment.

USUAL AND CUSTOMARY RATE

Our practice is committed to providing the best treatment possible for our patients and our fees reflect a fair rate for services rendered in this area. You are responsible for paying your bill in full regardless of your insurance company's determination of usual and customary rates.

REBILLING

Although it is a rare occurrence, we reserve the right to charge a minimum \$3 rebilling fee (or 1% monthly or 12% APR) for overdue accounts where there is a remaining balance. Should it be necessary for us to consult a collection agency concerning your account, you (the patient) will be held responsible for all charges and fees incurred by Canby Smiles during collection procedures.

I, _____ (printed name) have read, understand, and agree to the above office and financial policies.

Signature _____

Date: _____