



Dental excellence from friends who care

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.

Appointments:

There will be a flat fee of \$50.00 for any appointment not cancelled within 24 hours of the appointment. Or a charge, at the following graduated scale will be made for a missed appointment not canceled with in 24 hours of any appointment:

- 30 minute appointment, \$50.00
- 45 minute appointment \$75.00
- 60 minute appointment \$100.00 per hour.

The clinic will not reschedule any patients after two appointments have been missed. The clinic's time must be used as efficiently as possible to keep our expenses at a minimum and the fees within reasonable limits.

Payment is due at the 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: checks, 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 (or 1% monthly or 12% APR) for overdue account 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, _____ (print name) have read, understand, and agree to the above office and financial policies.

Signature _____ Date _____

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