# Kent S Zerr, D.M.D., M.A.G.D.

***Lakeview Dental Center, LLC***

*General Dentistry*

2601 25th Street, SE, Suite 430
Salem, Oregon 97302
(503) 370-8778


## FINANCIAL POLICY

**CASH/CHECKS**

Payment in full is due at time of service or treatment for patients **without insurance**. Patients without insurance receive a 5% cash discount with payment in full at time of service of treatment paying with cash or check only. Senior patients (62+) receive a 3% cash discount and a 3% Senior discount.

**INSURANCE**

Lakeview Dental Center, LLC offers electronic dental insurance billing for you as a courtesy that includes submission of x-rays and clinical documentation. All dental insurance companies can be billed. Payment of your Co-Insurance (the estimated amount not covered by your insurance policy) is due at time of service or treatment. If there is no payment received from your insurance company by our office within 60 days of service or treatment you are responsible for the balance in full. Payment received from insurance after that date will be reimbursed within 30-days upon patient request. Please keep in mind our staff is unable to negotiate with your insurance company on your behalf regarding policy coverage; however, you, as the insured may contact them with any questions regarding your benefits at any time. Currently we are pleased to partner with MODA, which includes ODS and Delta Dental, and their policyholders to receive pre-determined contracted fees. MODA has a long history as the largest dental insurance provider both in Oregon and Nationally.

**CREDIT CARDS/PAYMENT PLANS**

Lakeview Dental Center, LLC accepts American Express, Visa, MasterCard, and Discover Credit Cards for your convenience. CareCredit has interest free payment plans when selecting a 6 or 12-month plan and is available to all patients; information and application available upon request or online at CareCredit.com.

**MISSED/BROKEN APPOINTMENT FEES**

There will be a $65 charge for any broken appointment or appointment not cancelled or rescheduled with a **48-HOUR NOTICE**. We will not reschedule a patient after two appointments have been missed or broken. We strive to use our time efficiently to keep expenses at a minimum and our fees reasonable.

As patient, or legal guardian of a minor patient, I have read this financial policy and understand that regardless of any insurance coverage I may have, I agree to pay for all services rendered in accordance with the terms set forth as stated above. There is no interest on current accounts. After 90 days, unpaid accounts are subject to a Finance Charge of 3% of the unpaid balance (or a minimum charge of $1.00), which is an Annual Percentage Rate of 36%. NSF checks will be charged a $25.00 handling fee in accordance with Oregon State Law. I understand that delinquent accounts may be assigned to a credit reporting collections agency and I will be charged a $75.00 collection fee, and are subject to additional attorney's fees. This will ensure that our responsible patients will not be penalized to cover costs incurred by those who do not pay on time.

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Printed Name of Patient/Responsible Party Signature of Patient/Legal Guardian

Date:_____