

ATEF MASAK DDS

3007 North Delta Hwy, Suite 203 | EUGENE OR, 97408 | (541) 687-1134

Written Financial Policy

Thank you for choosing our dental practice. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

You can choose from:

- Cash, Check, Visa or Mastercard

We offer a 10% courtesy adjustment to patients who do NOT have insurance and pay for their treatment with ***cash/check AT THE TIME OF SERVICE***

- NO INTEREST¹ Payment Plans² from CareCredit
 - o Allow you to pay with NO INTEREST¹ FOR 6 MONTHS
 - o Convenient, low monthly payment plans² also available
 - o No annual fees or pre-payment penalties

Please note:

We charge 18% interest on all past due accounts. **Also please note:** if your account has to be assigned to a collection agency we will charge a fee of **35%** of the balance at the time of assignment.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment. However, if we do not receive payment from your insurance carrier within 60 days, you will be responsible for payment of your treatment fees and collection of your benefits directly for your insurance carrier.

A fee of **\$70** is charged for patients who miss or cancel more than 2 times in a calendar year without 24-hour notice.

There is a \$50 charge for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)