

Robert H. Johnson D.D.S., P.C.

Financial Responsibility

The following are the financial terms of this office. Your signature below signifies your acceptance of these terms as a condition of the services rendered and your receipt of a copy of this agreement.

- 1. Payment Due.** Payment is due in full at the time services are rendered unless other arrangements are made and agreed to in writing. We accept payment by cash, check, debit or credit cards, Care Credit and Lending Club. If any check is dishonored and returned unpaid, you will be charged \$35.
- 2. Insurance.** You are financially responsible for the charges received whether covered by insurance or not. Insurance information must be provided prior to receiving services and updated upon any change. Due to the thousands of different insurance plans available, it is the responsibility of the patient, not the provider, to know what is covered or excluded from his/her plan. We agree to use this information to bill your insurance company and to apply payments to your account. You hereby assign any insurance benefits or proceeds to our office for this purpose.
- 3. Past Due.** Any accounts with charges that remain unpaid for 90 days from the last date of service will be treated delinquent or "past due." Past due accounts are subject to interest and or account closure as explained below and may subsequently be reviewed for assignment for collections. In the event that legal action is taken to collect any amounts owed, the prevailing party shall be entitled to recover their reasonable attorney fees.
- 4. Interest.** Charges are imposed on the account if not paid in full within 30 days of the date you were first billed for the charge and accrues after insurance has paid on the charges. It's a periodic rate of 1.5% per month (ANNUAL PERCENTAGE RATE of 18%). There is a minimum finance charge of \$1.00 per month.
- 5. Cancellations.** There is a \$50 charge for no shows and cancellations within less than 24 hours' notice.
- 6. Account Closure.** We reserve the right to decline to provide further services on patients if the account is delinquent or past due. The account can be open again once the account is paid in full or if there has been an agreed, signed payment arrangement made.
- 7. Family Expenses.** Oregon law provides that a spouse may be financially responsible for family expenses incurred the other spouse or for the benefit of minor children. It is agreed that all charges or fees incurred or imposed pursuant to this agreement are family expenses for which both spouses are financially responsible. In the event that only one spouse signs this agreement, this signing spouse agrees to provide a copy of

this agreement to the other spouse. It is agreed that any non-signing spouse is financially responsible for all amounts owed under this agreement unless other arrangements are agreed to in writing.

- 8. Communication Consent.** You agree, in order for us to service your account or to collect amounts you may owe, we may contact you by telephone at any telephone number you associate with your account, including any wireless telephone numbers, which could result in charges to you by your wireless provider. We may also contact you by sending text messages, or emails, using any e-mail address you provide to us. Methods of contact may include prerecorded, artificial voice messages and or the use of an automatic dialing device, as applicable. Your consent to these communications applies those initiated by our office, or by any agent, attorney or collection agency acting on our behalf.

By my signature below, I acknowledge that I have read and understand the forgoing Financial Policy and agree to its terms.

Print Name _____

Signature _____ Date _____

Spouse Signature _____ Date _____