

**Ann Marie Hofbauer, DMD**

2260 SW 2<sup>nd</sup> ST, McMinnville, Oregon 97128  
phone 503.474.9888 fax 503.474.9889

**OFFICE FINANCIAL POLICY**

In our continued commitment to provide you with quality dental care and to offer affordable services, we are asking that you pay at the time of treatment. If you have dental insurance we will be happy to bill them for you. If your deductible has not been met, we ask that you pay it at the time of service. We will **estimate** what your uninsured portion will be and we will collect that amount at the time of treatment.

Accounts outstanding over 60 days from treatment will bear interest of 1.5% monthly. If payment is not received from your insurance company we will look to you for payment in full. A refund will be issued to you once payment has been received from your insurance company. **You are responsible for any fees not covered by your insurance.**

When appointments are scheduled, we have **reserved** that time for you. If for any reason you need to reschedule with less than 24 hours notice, we will have to charge \$50 per hour booked to cover incurred expenses.

We accept the following as forms of payment:

- Cash**
- Check**
- Debit Card**
- Credit Card: Visa, MasterCard, or Discover**
- CareCredit® Financing**

\*Some forms of payment may qualify for discount. Please see office for details.

Patient Acknowledgement:

*I understand the financial policy of this office that regardless of insurance I am ultimately responsible for the balance of my account.*

*I hereby authorize payment directly to the above named dentist of any insurance benefits payable to this office.*

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Patient Name	Name of Responsible Party
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Signature of Responsible Party	Date
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