



**MOUNTAIN VALLEY DENTAL GROUP P.C.
PAYMENT POLICY**

DENTAL INSURANCE

Payment of your percentage of insurance coverage is due at the time of treatment. As a courtesy to our patients, we will bill your insurance. However, if there is no payment from your Insurance Company to our office within 60 days, or payment is lower than the total bill, you will be responsible for the balance in full at that time. We are not able to negotiate with your Insurance Company on your behalf.

OREGON HEALTH PLAN

OHP (Advantage Dental) will be billed for covered services. Any co-pays will be billed directly to you from the Division of Medical Assistance Programs (DMAP). In the event a service is not covered by OHP, you will be informed prior to the treatment of the service.

PAYMENT PLANS

Payment is due at time of service unless otherwise arranged in advance.

Mountain Valley Dental Group offers affordable payment plans through an outside lending agency. Applications are available at the front desk and status of approval can be obtained within fifteen minutes.

As a patient, or legal guardian of a minor patient, I agree to pay for all services rendered in accordance with the terms and conditions set forth in the financial policy of the office, as stated above. There is no interest or finance charge on current accounts. After 60 days, all accounts are subject to Finance Charges of 1.5% of the unpaid balance which is an Annual Percentage Rate (APR) of 18%.

I (we) hereby authorize Mountain Valley Dental Group P.C. to furnish my (our) Insurance Company (Companies) all information required concerning my (our) dental care. I hereby assign to Mountain Valley Dental Group P.C. all payments to which I may be entitled for dental expenses, and do hereby direct that payment for such expenses be paid directly to Mountain Valley Dental Group P.C.

PAYMENT TYPE

Cash / Check / Visa / MasterCard

Please indicate how you wish to pay for your dental treatment:

Cash: _____ Check: _____ Credit Card: _____ Other: _____

Signature of Patient or Legal Guardian: _____ Date: _____