

# ***Smiles on Sandy, P.C***

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## **Financial Policy**

As a service to our patients, we would like to outline our policy toward the payment of service:

1. Payment on your account is due within 30 days by your health insurance or the responsible party. Although insurance billings are done as a courtesy for you, we hold you responsible for your account. Any outstanding balance not paid by insurance after 90 days is the patient's responsibility.
2. Patient's co-payment is due at the time of service. If we are not billing your insurance company, payment is due at the time of service unless other arrangements have been made.
3. Your signature below allows us to contact references in case it becomes necessary to locate you.
4. You will incur a charge for appointments that are not cancelled with 24 hours notice, 48 hours notice for Saturday appointments. .

I understand that my insurance may require a prior authorization from the insurance company for services rendered, or that my insurance company may not cover services they feel are not "reasonable or necessary" or covered under my particular insurance coverage plan. Therefore, I understand that I will be held financially responsible for any and all charges incurred for services rendered. I also understand that if the insurance information is not correct and/or I do not have my insurance care available at time of service I will also be held financially responsible for any and all charges incurred. I hereby authorize the above doctors to furnish the insured's insurance company all information, which said insurance company might request concerning my future claims.

Responsible Party:

Printed Name	Signature	Date
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Patients for whom above is responsible for:

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