



DAVID R. HALMOS DMD  
*Advanced Dentistry*

### Patient Agreement

We would like to take this opportunity to welcome you to Advanced Dentistry. The following is an agreement between Advanced Dentistry and you (or the individual taking responsibility for payment if someone other than you). By executing this agreement, you are agreeing to pay for all services that are received.

### Treatment Plans

During your appointment at Advanced Dentistry you will be given a treatment plan estimate that will give you a financial guideline to your treatment. Although we make every effort to minimize changes to your treatment plan, changes may arise after treatment is initiated. As this occurs, a new treatment plan will be written and presented to you. Please know that treatment plans do not represent additional appointments that cannot be foreseen, such as emergency appointments, denture relines, temporary crown replacements, etc. These additional appointments are billed on a "per appointment" basis, depending on procedure. We DO NOT list them on your treatment plan, as not all patients may need them.

### Appointments

Please know that Advanced Dentistry generally schedules around 2-4 weeks in advance for appointments, unless you are a patient of record experiencing a dental emergency. Therefore, we ask that you provide appropriate notice before cancelling or rescheduling an appointment so that we may offer the time to another patient seeking dental care. Advanced Dentistry requires 2 days notice to be given during regular office hours (8:00am-5:00pm) to avoid a \$50 per half hour charge. Messages left on the machine overnight are not accepted as proper notice. Advanced Dentistry will not schedule patients that have missed or cancelled two appointments without proper notice.

As a courtesy to all our patients, we do our best to schedule you for the appropriate amount of time for your services. This requires you to arrive on time for your appointment and requires us to see you at your scheduled time.

### Insurance

As a service to you, we will do our best to help you receive the maximum benefits available under your employer purchased policy. Please be aware that most insurance companies will not cover all dental costs, but may pay a fixed allowance for certain procedures. ***As a courtesy, we will send all dental claims to your insurance company at your request, but we require all services to be paid up front regardless of insurance coverage.*** Any payment made by your insurance will be sent either to you directly by your insurance company or issued as a refund by Advanced Dentistry. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and insurance benefits. We are happy to assist you with any further insurance needs you may have.

Turn page over to sign.

## Payment Terms

All fees for dental services are due when rendered unless other arrangements have been made by us, in writing, prior to your appointment. For treatments that exceed \$5,000, 50% of the total amount is due on the first day that treatment begins. The remaining 50% is payable in equal monthly payments not to exceed 6 months or the completion of your treatment, whichever comes first. As a courtesy, Advanced Dentistry offers a 5% cash discount on treatment that exceeds \$5000 and does not require us to process any insurance claims. This discount only applies if all treatment is paid up front with cash or check (no debit or credit cards). Please understand that no payment plan option will be offered without a valid social security number and the option of a credit check at our discretion.

We accept cash, checks, Visa, Master Card, Discover and American Express. We also offer payment plans through Care Credit with approved credit. There will be a charge of \$25 for all returned checks and all future payments will require cash or credit card payment.

## Overdue Accounts/Finance Charges

Advanced Dentistry makes every effort to ensure that all accounts are paid at the time services are rendered. If prior payment arrangements are made, payments are due in accordance with that agreement. Should a payment become 30 days past due, a late fee will be assessed at \$5 per month, occurring on the 1<sup>st</sup> of the month. If no payment arrangements have been made the entire balance is due within 25 days of the received statement, according to Oregon law. The same late fees and timelines apply. After 90 days of non-payment on an account, the account will be sent to collections with a final re-bill fee of \$25. Prior to this, all necessary steps will be taken to collect on any overdue account, in accordance with the collection laws of Oregon.

In an effort to keep our costs at a reasonable rate we do not have an in-house collections department. Due to that fact, we contract with an agency. If we have to refer your account to a collection agency, you agree to pay any and all costs in association with that agency. Advanced Dentistry forwards all delinquent accounts to collections at 90 days, unless other written arrangements have been made. You also agree to assume all costs incurred for court and lawyer fees, should the account move to litigation. Litigation may also require that any treatment you received in our office may become a matter of public record.

## Transferring of Records

All records requests will need to be in writing. In cases where your records exceed 10 pages, require color copies, and/or are delivered by a delivery service, a reasonable fee may be applied. Any costs incurred by Advanced Dentistry to forward these documents to you, another doctor, or organization will be forwarded on to you and will need to be paid prior to the release of your records. If you are having records transferred from another facility to ours, you authorize us to receive all relevant information on your behalf.

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Printed Name

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Signature

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Date

**Effective Date:** Your signature on this agreement indicates you agree to all of the terms and conditions contained in the agreement. The agreement is effective as of the date signed and dated above.