

Terwilliger Dental
Dr. Kim Lien Hoang, D.M.D.
7405 SW Barbur Blvd., Suite 200
Portland, OR 97219
503-246-3034

We are pleased that you have chosen to be a part of our dental family. It is our sincere desire that your experience with us be positive and that we can communicate openly in all areas pertaining to your dental treatment. We have listed below the information you will need regarding your financial responsibilities should you have any out-of-pocket expenses.

As a courtesy to our patients with dental insurance, we are happy to process your insurance claims. Insurance companies use the term "usual and customary" when setting fee limitations on services. They will pay a percentage based on *their* usual and customary, not *our* usual charges. The term suggests but does not necessarily reflect the average fees charged by the doctors in the community. We do our best to estimate what your portion will be. Please keep in mind this is only an estimate and there may be a difference once all claims have been paid. Therefore the difference between what we bill and what your insurance actually pays is your responsibility.

Remember that our professional relationship is with you and not with your insurance company. Your insurance company is responsible to you and the policy designed by your employer. Therefore, if there is a dispute over unpaid services, we ask that you do what you can to resolve the matter with your insurance company and even with your human resource department. We cannot hold balances on the assumption that the insurance will eventually pay, so we ask that you pay your balance in full if the unpaid claim is more than 60 days from the date of submission. We assess a 1.5% finance charge after 90 days and failure to pay may result in collection action through an outside source.

We ask that you take care of your financial portion on the day we provide services.

We offer the following payment options:

- a) Cash or check
- b) Credit Cards (American Express, Visa, Master Card, or Discover)
- c) Care Credit

Should your dental expenses exceed what you have budgeted for we ask that you apply for Care Credit. The application process is very quick and easy and, if approved, you can pay over a 12 month period with no interest. We will carry an account in office for up to 90 days with a credit card on file and a written agreement to process payment on the 20th of each month.

Returned checks will be assessed a \$35.00 charge. Once notification of non-sufficient funds has been received, we ask that you pay your original check amount plus the assessed fee within two business days.

A one business day (24 hour) notice of cancellation for an appointment is requested. You will be charged \$25.00 per 30 minutes held for broken or late cancelled appointments. If you have 3 or more missed or late cancelled appointments, we may ask that you seek dental treatment in another office.

I have read the above financial policy and I agree that I am ultimately responsible for total payment for all services rendered by Dr. Kim Lien Hoang and her professional staff. I further agree that failure to read this policy does not negate my financial responsibility. If I fail to meet my financial obligations, I understand that I will be responsible for any additional collection or attorney fees incurred for collection action.

SIGNATURE _____ DATE _____

Terwilliger Dental, P.C.

**Patient Acknowledgement of Receipt of:
NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have received a copy of the Terwilliger Dental's "Notice of Privacy Practices"

Please Print Patient's Name

(Date

Patient Signature

or

Guardian Signature

Guardian Name

Relation of Guardian to Patient

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)