Andrew N. Dow, DMD, MSD
Eugene Periodontics
& Implant Dentistry

FINANCIAL AGREEMENT

At Eugene Periodontics, we pride ourselves on providing quality care. Part of that care includes working closely with you and your insurance company to attempt to obtain full benefits from any coverage that you have. However, we are a fee for service office, which means that you will be asked to pay your portion (whatever amount we do not believe insurance will cover) for all services on the day they are provided. If you do not have insurance, payment in full is requested at the time of service. For your convenience we do accept Visa, Mastercard, Discover & Care Credit.

Your insurance coverage is a contract between you and your insurance company. We are happy to obtain estimates and pre-authorizations from your insurance company. However, all insurance amounts quoted are estimates only. If insurance pays more than estimated, we will refund you the additional amount that you paid at the time of service. If insurance does not pay as much as they had estimated, we will process a bill showing the amount owing after insurance has paid their portion. Ultimately you are responsible for paying any remaining monies owing.

Your time is valuable, as is ours. We make every effort to confirm patient appointments via email, text and/or phone calls, as well as provide appointment cards and maintain a patient portal to ensure that you have a record of the day and time of your appointment. We will make every effort to be on time and appreciate that you are too. If you are more than 15 minutes late, we may need to reschedule your appointment. Additionally, we ask that you provide at least 24 hours advance notice to change or cancel any appointment. Any appointments changed or cancelled with less than 24 hours notice will be charged a $50 cancellation fee.

Our office policy is to provide you with the best periodontal care with a minimum of paperwork at a reasonable cost. We thank you for your cooperation in the area of keeping our costs down by adhering to your financial agreement.

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PATIENT/PARENT/GUARDIAN SIGNATURE   DATE