

Jared R. Anderson, DDS

Welcome to Our Dental Office!

541-323-3930 SelectCareDental.com 499 SW Upper Terrace Dr., Bend, OR 97702

FINANCIAL OPTIONS AND AGREEMENT

Thank you for choosing us for optimal oral health care. We have found that our patients appreciate knowing exactly what to expect from us both from a philosophy aspect and a financial aspect.

Therefore, we prefer to inform our patients of these before we begin any treatment.

Our Vision

Providing complete, life-long dentistry with excellence and integrity while keeping a focus on the whole person.

Financial Arrangements

We offer the following methods of payment for services provided. This will allow us to focus on our specialty, providing you with superior customer service and optimal dentistry in a comfortable environment using up-to-date materials while keeping our fees as affordable as possible.

1. Cash, Check, Debit Card, Mastercard, Visa, Discover & American Express Accepted

Payment in full is due when services are performed unless financial arrangements have been made prior to treatment.

2. Full Pay Cash Discount

A 5% courtesy will be given when services are paid in full a minimum of two business days prior to the appointment date.

3. Full pay credit discount

A 3% courtesy will be given when services are paid in full using credit cards (except discover) a minimum of two business days prior to the appointment date.

4. Dental Financing Plan

We have made arrangements with Care Credit, Lending Club and Compassionate Finance that will finance your dental work with approved credit. This will allow you to complete your dental work without delay, and have low monthly payments with interest free options also available. Application forms are available at the reception desk.

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Dental Insurance

FOR OUR PATIENTS WHO HAVE DENTAL BENEFITS (INSURANCE)

We ask that you realise that we don't work for an insurance company. Rather, we work 100% for our patients. We feel that insurance can be a great benefit for many patients, and can help offset the investment of getting quality dental care performed on you and your family. We want you to know we will do everything in our power to ensure you get every benefit allotted in your insurance contract. However, the treatment we recommend and the fees we charge will always be based on your individual needs, not your insurance coverage. Please realise that dental insurance isn't really insurance (a payment to cover the cost of a loss). It is actually a money benefit, typically provided by an employer, to help their employees pay for routine dental services. The employer usually buys a plan based on the amount of the benefit and how much the premium costs per month. Most benefit plans are only designed to cover a portion of the total cost of a person's necessary dental treatment. For example, a dentist may recommend a crown for a tooth that has extensive decay, however, the dental plan may only cover the cost of a filling. This does not mean that the patient does not need a crown, only that the benefit is limited to a filling.

Most insurance companies will not cover 100% of all dental expenses. Your portion, not covered by insurance, is due at the time treatment is performed. Please understand that dental insurance is a contract between the patient and the insurance carrier, and not between the insurance carrier and the dentist. The patient is still the responsible party regarding all dental fees, regardless of dental insurance reimbursement. We will be glad to process your insurance benefit forms as a courtesy at no charge. If the insurance company has not paid their portion after 90 days of services rendered, you will need to make full payment to this office and be reimbursed when the insurance company pays.

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Dental Insurance Estimates
Based on the information we have from your insurance company, we will ESTIMATE your portion of dental fees and payment will be due at the time of service. If there is a balance due after your insurance company pays their portion, you will be billed for any amount unpaid. You are responsible for any charges exceeding your benefits. As a courtesy, our office will assist in making collections from the insurance company by filing the necessary forms. However, our office cannot render services based on the assumption that charges will be paid by the insurance company.
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Appointments, Timeliness, and Communication
Please remember that your appointments are reserved specifically for you. We are committed to seeing you on-time and request that you arrive on-time for your visits as well. We want to ensure all patients are seen when promised. We request that at least 48 hour notice be given if an appointment needs to be rescheduled. We prefer open and honest communication in our office, and request your permission to tell you the exact condition of your oral health and to explain the optimal way to treat it.
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Treatment Fee Estimates
Dental treatment fees given are based on the treatment anticipated at the initial comprehensive examination. Some teeth may have hidden decay or fractures, affected nerves or other unanticipated conditions requiring more extensive dental treatment. In situations where additional charges are involved, we will explain the reason for additional treatment needed. Our financial coordinator will discuss the additional fees and financial arrangements involved.
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Interest
A 1.5 % monthly interest charge (18% APR) will be applied to ALL BALANCES OVER 30 DAYS PAST DUE.
Accounts that are unpaid for more than 90 days may be sent to a collection agency, in which case a 40% charge on the unpaid balance will be applied to the account.
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Returned Checks
A \$40.00 charge will be applied to all returned checks.
PLEASE FEEL FREE TO CONTACT US IF YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING DENTAL TREATMENT OR FINANCIAL ARRANGEMENTS.
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The information I have given today is correct to the best of my knowledge. I understand that I must inform the office of any changes in my medical status.
Click here to indicate that you have read and agree to the terms presented in this FINANCIAL OPTIONS AND AGREEMENT document.

PRINT at home and bring to your appointment

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