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Financial Policy

As a courtesy and convenience to our patients, we will submit the appropriate forms to your dental insurance carrier. It is our office policy in the case of insured individuals to require payment of the deductible and your portion of the cost of treatment **at the time of service**. The remaining balance will be defrayed for 60 days to allow your insurance company to process your claim.

If your insurance carrier does not remit payment within 60 days, the balance will be due in full from you. There will be a grace period if your insurance requires further information from you or our office during those 60 days. Since Plaza 125 Dental is not part of the agreement between you and your insurance company, it is not our policy to contact your insurance company to establish why payment has not been made or why payment is lower than expected. You may call your insurance company should problems arise; you can find your insurance carrier phone number on the back of your card. Individuals who do not have dental insurance are expected to pay the cost of their treatment in full at the time of service.

Senior Discount: Individuals 60-years and over who do NOT have dental insurance will receive a 10% discount off their account balance. This discount does not apply if using CareCredit.

CareCredit: CareCredit is a payment option for individuals who do not have dental insurance or are unable to easily pay their out-of-pocket portion of a dental treatment plan. CareCredit is a credit card that can be applied for in the office, and, subject to credit approval, may be used to pay out-of-pocket dental expenses at the time of service. CareCredit has deferred interest payment options for accounts paid in full within the plan timeframe. For more information about the CareCredit payment option, please inquire in our office.

Plaza 125 Dental accepts the following forms of payment:

Cash
Check
Debit
CareCredit
Credit Card: Visa, Mastercard, and Discover
We do **NOT** accept American Express

I have read the financial policy, and I understand my financial responsibility.

Signature of person responsible for account: _____

Date: _____