



BENJAMIN T. PETERSON, DDS, PC

271 SW 13th St. | Ontario, OR | 97914
(541) 889-9407 | www.bpetersondds.com

Financial Policy

Dear Patient:

Thank you for selecting us as your dental health care provider. The following information describes our Financial Policy. Our primary goal is that you receive the optimal treatments needed to restore and maintain your dental health at an affordable cost. If you have any questions or concerns about our policies, please do not hesitate to ask.

Regarding Payment Methods

To provide our patients as much flexibility as possible, **the following payment options are available:**

1. Payment in Full at Time of Service:

- *8% discount will be given for accounts paid in full at time of service with cash or check.*
- *5% discount if the balance is paid in full with a credit card.*
- If dentures, partial dentures, crowns and bridges are to be fabricated by a dental laboratory, a 50% deposit will be required at the time of the first impression. The remaining balance is **due** at the time the prosthesis is cemented or inserted.

2. Short Term Payment Options:

- 30% down payment of the estimated treatment plan is required at the start of treatment.
- Remaining balance can be divided into **up to six equal monthly payments,** *with no interest charged.*
- Payments can be made through the use of pre-authorized credit card or debit card payments. You will simply pre-authorize a specific monthly payment and the day of the month, and our office will process your payment.

3. Extended Payment Option:

- If you would like an extended payment plan, extending your payments beyond six months, you can apply for the following options;
 - Care Credit
 - Capital One Health Card
 - American General Financial
 - Citi Health Card

Regarding Insurance

Please be aware that some of the services provided may be non-covered services and/or not considered reasonable and customary under the terms of your insurance policy. You are responsible for payment regardless of any insurance company's arbitrary determination of approved charges and services.

Once again, thank you for choosing our office. We are fully committed to providing excellent, appropriate and affordable dental care to our patients. If you have any questions or concerns about our policies, please do not hesitate to ask.

I have read the Financial Policy. I understand and agree to this Financial Policy.

Signature of Patient or Responsible Party: _____ **Date:** _____