Dr. LAMPEE™
IMPLANTS | VENEERS | LASER

Policy Acknowledgment

We are committed to providing you with the best possible dental care. In order to achieve this we need your assistance and your understanding of our payment policies.

Payment Options

- We accept the following major credit/debit cards: Visa, Mastercard, Discover, and American Express.
- For those who desire a payment plan, we are partnered with Care Credit, Lending Club, and United Medical Credit. These payment plans are based on your approved credit. There are no application fees. These arrangements must be made prior to treatment.
- Payment for treatment is due at time of service. If you are requiring sedation, payment is due upon scheduling the appointment.

Insurance

- We do not contract or bill insurance. We can provide you with a claim form if you would like to self-bill your insurance.
- Balances over 90 days will be assigned to a collection agency and will incur a $50.00 collection fee. Any checks returned to our office for non-sufficient funds will be subject to a fee of $25.00.
- I have read the Policy Acknowledgment and understand that as a patient, or responsible party, I agree to pay for all services rendered in accordance with the terms and conditions set forth in the financial policy of this office as stated above.

Usual and Customary Rates

We charge what is usual and customary for our area. Please be aware that some of the services we provide may not be covered services by your dental plan. You are responsible for payment regardless of your insurance company's exclusions and fee schedules. Your insurance policy is a contract between you and that insurance company. We are not able to negotiate with your insurance company on your behalf.

Minor Patients

If a minor is not accompanied by their parent/guardian, arrangements for payment need to be made prior to the appointment.

I have read the Policy Acknowledgment and understand that as a patient or legal guardian of a minor patient, I agree to pay all services rendered in accordance with the terms and conditions set forth in the financial policy of this office as stated above.

_____

Patient Signature or Responsible Party Date

The above information is true to the best of my knowledge. I understand that, regardless of insurance coverage, I am responsible for payment of services rendered and that a finance charge of 1.5% will be applied, per month, to accounts over 30 days or more. I authorize Sleep Dentistry Defined to submit charges to cover balances over 30 days or more.

Credit Card on File

VISA / MC / DIS / AMEX / CareCredit # _____-_____-_____-_____ Exp_____/_____

_____

Patient Signature or Responsible Party Date

Phone | 503-646-2273
Fax | 503-277-1535
www.drlampee.com
14455 S.W. Allen Boulevard, Suite 103
Beaverton, Oregon 97005

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Missed Appointment Policy

We require two business days' notice to reschedule an appointment. Our business days are Monday–Thursday.

- There is no fee for your first missed appointment. We understand that life happens.
- There is a $50 fee for your second missed appointment.
- There is a $100 fee for your third missed appointment.
- Additional missed appointments will result in us not being to see you as a patient.
- If a sedation appointment or appointment lasting two or more hours is missed or rescheduled with less than two business days' notice, 10% of your appointment cost is non-refundable

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