



Lindsay Freed Brown, DMD
Randall N. Freed, DMD, FAGD

Financial Policy

This statement is to inform you of our office's financial policy. Financial arrangements are both necessary and beneficial to maintaining a sound professional relationship. We are also committed to providing you with up to date information and educational tools so that you may fully participate in maintaining your optimum oral health. Dr. Brown will diagnose treatment based on your dental health NOT your insurance coverage.

All charges you incur are your responsibility regardless of your insurance company. We must emphasize that as your dental care provider, our relationship is with you, not your insurance company. We will bill your insurance company as a courtesy; however, your insurance policy is a contract between you, your employer, and your insurance company. If payment from your insurance company is not received within 60 day of your treatment you will be expected to pay your balance in full.

As a courtesy to you we will help you process your insurance claims. In order for our office to stay up to date we ask that you please bring a copy of your dental insurance information with you to each appointment. We do require you to pay your estimated copay at the time of service. For patients without insurance we offer a 10% discount when paying in full by cash or check at the time services are rendered. For those patients who chose to pay with a credit card we offer a 5% discount when paid in full at the time of service.

Our office offers a variety of payment options including Check, Cash, Visa, Master Card, Discover, and American express.

Returned checks will be subject to a \$25.00 returned check fee. Past due account balances will be subject to finance charges and collection fees at the rate of 1.5% per month equal to 18% per year. Additionally, our office reserves the right to charge you for broken appointments cancelled less than 24 hours in advance. It is vital that you give our office more than 24 hours' notice to avoid being charge for a missed appointment.

Please contact our office if you have any questions or concerns about our financial policy. We are committed to providing you with the most positive experience in dental care.

Print Name: _____

Signature: _____ Date: _____



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