

**RICHARD C. SCHMIDT, D.M.D., P.C.**  
**BLAIR TUDOR, D.M.D.**

**FINANCIAL RESPONSIBILITY**

You are responsible for any balances after insurance payment. If you do not have insurance you are responsible for charges at time of service.

FINANCE CHARGE: A finance charge is imposed on those charges not paid in full within 30 days of the date you were first billed for charges.

The FINANCE CHARGE is a periodic rate of 1.50% per month (ANNUAL PERCENTAGE RATE of 18%). There is a \$1.00 minimum FINANCE CHARGE per month.

**BILLING QUESTIONS OR ERRORS**

If you believe you have been billed incorrectly, or you need more information regarding a transaction on your bill, write us on a separate sheet to 670 Superior Ct., #101, Medford, OR 97504 within 30 days. You may also contact us at 541-779-6170.

In your letter, please include the following information:

Your name and account number

The dollar amount of the suspected error

Describe the error and explain why you believe there is an error.

We ask that on the day of your appointment that you pay the percentage we estimate that will not be covered by your insurance company, as well as any deductible not yet met. If your insurance company has not paid on your claim within 45 days, we will ask you to pay the balance on the account in full. Due to there being thousands of different insurance plans available, it is the responsibility of the patient, not the provider, to know what is covered or excluded from his/her plan. That includes any waiting periods that may apply. It is also your responsibility to inform our office if your dental coverage has terminated or changed in any way. If we are unable to verify insurance benefits with the insurance company, the account will be considered private pay.

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Signature

Date

I acknowledge and agree that if no payment, either by myself or my insurance company has been received by Richard Schmidt, DMD after 90 days from the first billing date that the account will be sent to collections, I acknowledge that if this account is placed in the hands of an attorney or collection agency, I will pay reasonable costs associated, which include court costs and attorney fees.