



FINANCIAL POLICY

1711 NW Grant Ave,
Corvallis, OR 97330
(541) 754-1668
Please email completed form to: office@kentburnettdds.com

420 Smith St
Harrisburg, OR 97446
(541) 995-8234

FINANCIAL POLICY

Payment in full is required on day of treatment if you don't have insurance. If dental insurance is verified then any co-pay will be estimated and a partial payment will be due on the day of treatment. Once insurance is billed and payment received any remaining balance due will be billed to you and payment is due in full. Accounts are not carried over 90 days whether insurance paid or not. Any balances over 90 days are subject to finance charges. If unable to pay in full, arrangements will need to be made prior to treatment date. A financial arrangement should be in force if unable to pay in full. If financial arrangement is not made or is not kept current, accounts will be sent to a collections agency.

Name: _____
Patient's Printed Full Name

Signature: _____ Date: _____
Patient's Signature or Legal Guardian if patient is under 18