



Haider Family Dentistry
 Jeremy Haider, DMD
 2600 12th St SE
 Salem, OR 97302
 503-363-6525

Insurance and Financial Policies

Non-insurance Patients

Payment is due when services are performed. When treatment involves prosthetics and requires dental laboratory services (crowns, bridges, partials, dentures, repairs, etc.), one half is due at the initial appointment, and the balance is due when the case has been delivered to you.

All Insurance Patients

Co-payments are due when services are performed. Please be prepared to pay those fees at the time of service. Our office will estimate what the copay amount will be, and any differences can be settled when insurance has paid. Special arrangements must be made with our office if balances cannot be paid in full. When treatment involves dental laboratory services (crowns, bridges, partials, dentures, repairs, etc.), insurance will be billed at the first appointment. Your remaining balance will be due when the entire case is delivered to you. If you have insurance, we will bill at the initial appointment.

I understand that I am financially responsible for all charges whether or not they are covered by insurance. If it becomes necessary to effect collections of any amount owed on this or subsequent visits, the undersigned agrees to pay for all costs and expenses, including reasonable attorney fees. I hereby authorize the doctor to release information necessary to secure the payment of benefits.

Primary Insurance

Name of insured: _____
 Birthdate: _____
 Employer: _____
 Insurance Company: _____
 Ins. Address: _____

 Group #: _____

Secondary Insurance

Name of insured: _____
 Birthdate: _____
 Employer: _____
 Insurance Company: _____
 Ins. Address: _____

 Group #: _____

Appointment Policies

We will make every effort to be punctual and be efficient when you reserve time with us. Patients are encouraged to also be responsible with the time reserved. Our fees are based on the overhead costs of operating an office, and broken appointments are not covered. **Appointments that are cancelled with less than 24 hours notice will be charged a cancellation fee of \$50.00.**

If you have any questions about our office or have any special needs or requests, please call Jodee at 503-363-6525. We look forward to having you as our patient.

Patient signature below designates that the patient understands and agrees to the policies stated above.

 Patient's signature (or responsible party if patient is a minor)

 Date