

Insurance policy

If you have insurance, we will help you receive the maximum benefits to which you are entitled.

We will file claims for all procedures, provided we have a completed insurance form, or a copy of your insurance care, with all necessary information.

We are not a party to contact in most cases. When we file claims, we do so as a courtesy to our patients.

We will not become involved in dispute between you and your insurance, usual and customary charges, etc., other than to supply factual information as necessary. Not all services may be a covered benefit of your particular plan, our practice is committed to providing the best treatment possible for our patients, and we charge what is usual and customary for our area.

Your estimated portion for services rendered is due at the time of service. If your insurance company has not paid your claim in 60 days, the balance will be transferred to you and becomes your responsibility. Further, it is understood that a 1.5% finance charge (18% annually) will be added to any balance over 90 days. In the event of default, you will be responsible to pay legal interest on the indebtedness, together with such collection costs and reasonable attorney fees may be required to affect collection of this debt.

Patient Signature

Date

Patient Appointment Policy

Dear Valued Patient,

Our purpose is to help our patients to keep their teeth and gums healthy for life. Proper scheduling of appointments is vital to this endeavor. Therefore, we ask for your cooperation regarding the following appointment policy:

Every effort is made to keep on schedule so we respectfully ask patients to be prompt and keep their appointments. We try to remind patients by text prior to their appointment, but please do not depend on this courtesy. If we are unable to reach you, your appointment card will serve as the confirmation of your appointment and implies your obligation and agreement to be present at the appointed time. That time has been especially reserved for you. This means no other patient has been scheduled for that particular time slot and chair, and that anyone else wishing to schedule for that time has had to be given a different time for their appointment. We reserve the right to charge for office visits cancelled or broken with in less than 2 business days advance notice. (e.g. if your appointment is scheduled for Monday at 3 P.M., and you need to re-schedule, you must call us before the prior Thursday at 3 P.M.) Exceptions to this policy can be determined on an individual basis according to the circumstances. The broken appointment charge will depend on the procedure and time reserved. These charges are allowed by your insurance company (if you have insurance) but are considered the patients responsibility to pay.

Initial _____

In order to ensure that we keep our schedule, and yours, as much as possible and to minimize patient waiting time, it is necessary to schedule certain procedures for specific times during the day. This allows us to provide you with the excellence in care that you expect and deserve. We know that your time is valuable and that none of our patients wants to spend any longer in the dentist's office than they have to. Scheduling specified procedures for specific time slots allows us to be more efficient with your treatment and actually minimizes the time you have to spend at our office.

Initial _____

If you have any questions about this policy, do not hesitate to ask our office staff. We believe that good communication is key to providing you with quality dental care.

By signing and initialing this policy, means that you have read and understand the statements above.

Patient Signature

Date

Patient Financial Policy

Dear valued patient,

We very much appreciate the trust you have placed in us as your dental provider, our top priority is to help you achieve healthy gums and strong, healthy teeth that last a lifetime. In order to accomplish this we have found it necessary to implement certain office policies.

We do require that procedures are paid for in advance of treatment.

In the case where you do have insurance coverage, we will file insurance for the portion of the fee that we estimate they will cover, and you will be required to pay the estimated balance due in advance. Insurance has been received, if there is any balance due in advance. Once payment from insurance has been received, if there is any balance still remaining, it will be billed to you. If the payment from the insurance results in a credit balance, this will be refunded to you.

Following is our policy on payment options, should treatment be necessary:

1. Pay in full in advance (or your estimated co-payment if part or your treatment will be covered by insurance). Since it requires less administration on our part, should you choose this option we will extend a 5% discount on the amount you pay in advance.
2. Financing. There are several companies we work with that provide financing to patients specifically for their dental treatment. This allows you to spread out the cost of your treatment over time, with no interest or low interest charges, depending on which option you choose, this allows you to proceed with your treatment in a timely manner while making low monthly payments.
 - A. (patient Financing Plan –e.g. care credit) – Up to 12 months interest free. Extended plans available up to 24 months.
3. “Pay as you go”. In the event that you are unable to pay in advance using option 1 or 2 above, you may pay 25% advance deposit to reserve your appointment(s). The balance remaining is due when you arrive for your treatment.

We will provide you with a copy of any and all financial arrangements we make with you so that you can refer to them in the future.

We strive to ensure you are informed of all of our policies and procedures, and make all aspects of your experience with us comfortable for you as possible. If you have any questions about this or any other of our office policies, please ask to speak with our office manager, so that these can be addressed.

Your good health,

Dr. Song and Staff

I have read and understand the above Patient Payment Policy, and I have been provided with the answers to any questions at this time.

Patient Signature

Date