



FINANCIAL POLICY

PAYMENT FOR SERVICES: Payment for services is due on the date services are performed, unless prior financial arrangements have been made. We participate in programs that allow patients to finance their treatment through third party lenders. Please ask our front desk staff if you are interested in learning about this service.

PATIENTS WITH INSURANCE: We accept many dental insurance plans. As a *courtesy*, we will gladly submit third party insurance claims for our patients. Most insurance plans include deductible and/or coinsurance amounts to be paid by the patient. We will *estimate* the amount of your co-payment for services to the best of our ability based on the information provided by you and your insurance company. Payment of the patient's *estimated* co-insurance amount is due on the date services are performed. If the actual insurance payment received is less than expected, you will be billed the balance due (or credited if the actual payment is more than expected). Please keep in mind the dental insurance contract is between the insurance company and the insured person(s). Therefore, the patient is ultimately responsible for ALL charges for services rendered. Any insurance claim not paid within 90 days from the date of service will become the patient's responsibility.

PAYMENT OF VISITS FOR MINORS: The adult who brings a child or minor to their dental appointment will be responsible for coordination of payment of services on that day.

PAYMENT TYPES ACCEPTED: We accept cash, checks, VISA, Mastercard, Discover, AMEX. If we receive a returned check from our bank for a payment you made, you will be invoiced for the original amount of the check plus a \$55 bank fee per check or five percent (5%) of each check amount whichever is greater. The payment of the invoiced amount will be due within 10 days of invoice date. We will NOT re-submit the original declined check.

BILLING FEE: A \$5.00 monthly fee will be charged for any account balance 30 days or older.

CANCELLATION POLICY: Please remember that once an appointment is made, you have reserved that time with Dr. Nguyen and/or our dental hygienist. If you are unable to keep your appointment, it is your responsibility to contact our office *at least 24 hours in advance* so that we are able to schedule another patient for that time. We realize in some instances (such as illness or emergencies) it is not always possible to give 24 hour notice, **HOWEVER**, we reserve the right to charge a \$50 fee for any appointment missed or canceled without at least 24 hours notice.

RECORDS FEE: There will be a \$25 fee for duplication of x-rays and copying of patient records. This fee, as well as any outstanding account balance, must be paid before records will be forwarded to another provider.

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DELINQUENT ACCOUNTS: In the unfortunate event that your account balance becomes past due, we will take the necessary steps to collect the debt. If payment is not resolved with our office and further collection steps are taken, you will also be responsible for all costs associated with collecting the outstanding debt including collection agency fees, attorney fees, and court costs. You agree to reimburse us the fees of any collection agency, which may be based upon a percentage at a maximum of 50% of the debt, and all costs and expenses, including reasonable attorney's fees, we incur in such collection efforts.

I acknowledge that I have read, understand, and agree to the above financial policies. A copy of this signed agreement will be provided to me at my request.

Signature of Patient, Parent, or Legal Guardian

Date

Printed name

Witness signature

Date