

FINANCIAL OFFICE POLICY

1. All patients are on a cash basis until their respective insurance coverage and deductible are verified by our staff.
2. We will give you an estimate (if requested) of the fees for service before they are performed or rendered.
3. After coverage and deductible are verified, this office will accept assignment on polices provided the Insured/patient signs an appropriate assignment of benefit. (Authorizing payment to be sent to the Doctor) a signed copy of this form will serve as authorization.
4. Waiting for insurance payment is a courtesy and it may be withdrawn under certain circumstances.
5. As a patient, it is your responsibility to take care of the co-payment at each dental appointment. Payment arrangements must be approved prior to dental visit, by the office manager.
6. Any services not covered or coverage reduction by your insurance will be the patient's responsibility.
7. This office will resubmit a claim ONE TIME. We will not enter into any dispute with your insurance company. If coverage problems arise, you will be expected to assist directly in dealing with your insurance company. Any denied or disputed claims will be treated as uncovered services and you will be expected to pay such charges on a timely basis.
8. All insurance payments are applied to your account as long as any balance is due. This means refunds are made only AFTER YOUR BALANCE IS COMPLETELY CLEARED WITH THIS OFFICE.
9. If you receive any checks from your insurance company, you agree to bring these into our office so that we may determine if the check is an assignment to this office.
10. If the patient discontinues care for any reason, the bill is due and payable in full immediately, regardless of any claims submitted.
11. If you change insurance companies or employers, you agree to provide this office with current information immediately.
12. This office accepts: Visa, MasterCard, Discover, American Express, Care Credit, personal checks, and cash.
13. If you have questions concerning these or any other matter, please speak with the Receptionist or Office Manager prior to seeing Dr. Vang.
14. Our office requires a 24 hour notice if you need to cancel or reschedule your appointment. Failure to do so may result in a \$50.00 cancellation fee.
15. If a patient is a minor, under the age of 18 they must be accompanied by a parent or legal guardian. If a parent isn't present a consent form allowing our office to treat individuals under age 18 must be signed prior to their appointment.

I have read and understand the Financial Office Policy and agree to abide by these terms.

Patient Signature

Date