

Titi Dang, D.M.D
Pearly White Dental

WELCOME TO OUR OFFICE

OUR PRIMARY POLICY is that the "patient comes first" We will do everything possible to make your dental experience easy, safe and comfortable. If you have any questions or suggestions regarding your treatment, please let us know.

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FINANCIAL ARRANGEMENTS: It is customary in professional offices to make financial arrangements prior to treatment. Every effort will be made to assist you with insurance claims but it is necessary that the patient be primarily responsible for costs. Payment is expected at the time service is rendered. We accept most credit cards, personal checks and cash.

INSURANCE: Insurance is a contract between you and your insurance company. We will bill your insurance company as a courtesy to you but will not become involved in any disputes between you and your insurance company regarding deductibles, co-payments, secondary charges, secondary insurance, etc.

SCHEDULED APPOINTMENTS: Our operatories are efficiently organized for your individual treatment. If you are unable to make a scheduled appointment, please let us know at least 24 hours in advance to avoid any charges to your account. A fee of \$25.00 will be charge to your account for failure to maintain an appointment.

EMERGENCY PATIENTS: Occasionally we are asked to see a patient with an urgent dental problem that needs immediate attention. Our goal ia to provide prompt relief for these emergency patient while we endeavor to honor our time commitments to regularly scheduled patients. A standard emergency fee of \$85.00 is due at time of service, in addition to any other charges applied based on the individual emergency patient's needs.

PARKING: There is ample parking available

CELL PHONES: As a common courtesy to the entire staff of Pearly While Dental and other patients awaiting treatment, please make certain that cell phones are turned off and not in use once you are in the dental operatory.

THANK YOU for the opportunity to serve your dental needs, and for the confidence you have bestowed upon us from your referral source.

I have read and understand the above office policies, financial and otherwise, and I hereby agree to the aforementioned terms. I further agree that in the event of non-payment, I will bear the cost of collections and/or court costs and reasonable legal fees should such court action be required. The undersigned hereby authorizes Pearly White Dental to take radiographs, study models, photographs or any other diagnostic aids deemed appropriate by Dr. TiTi Dang to make a thorough diagnosis of the patient's dental needs. I also authorized Pearly White Dental to perform any and all forms of treatment, medical and therapy, that may be indicated in connection with (Name of Patient), and further authorize and consent that Dr. TiTi Dang choose and employs such assistance as deemed necessary. I also understand the use of anesthetic agents embodies a certain risk. I understand that responsibility for payment of dental services provided in this office for myself or my dependents is mine, due and payable at the time services are rendered. A monthly finance charge of 1.5% will be added to all overdue accounts after 60 days.

Patient Signature (parent/ legal guardian)

Date