

OFFICE POLICY STATEMENT

We want to take the time to welcome you to our office and thank you for choosing us as your dental health provider. Our main goal is to give you the best and most appropriate treatment needed to restore and/or maintain your dental health. We ask that all patients read and sign our policy statement, along with our Patient Registration Form, Medical History, Release of Health Information, and HIPAA Privacy form. It is crucial that you keep us informed of any health, address, phone number or insurance changes. If there are any questions regarding the following policies, please do not hesitate to ask our front desk associates.

Cancellation Policy

In consideration of our patients that are waiting to be scheduled, it has become necessary to charge for appointments cancelled **with less than 24-hour notice or for patients who do not show up for appointments**. If you are scheduled for a hygiene appointment, the fee will be **\$50**. If you are scheduled for an operative appointment, the fee will be **\$100**. Messages left after hours do not constitute a 24 hour notice. Canceling or not showing up for an appointment twice will result in a pre-payment of services prior to the next visit being rescheduled. **We may require a deposit**. We also reserve the right to reschedule any patient that presents to clinic 15 minutes or more after the scheduled appointment time regardless of reason. This is to ensure quality for you and the patients scheduled behind you.

Financial Policy

Payment due as agreed upon prior to scheduling. Payment for emergency appointments is required at time of service. We accept cash, checks, Visa, MasterCard, and Care Credit. As a courtesy we do accept assignment of benefit payments from most insurance companies. If you have *secondary* insurance we will give you the correct forms to file that insurance yourself. We will not take into account any secondary insurance benefits when treatment is proposed. The level of assistance purchased for you by *your employer* determines the amount of *your* insurance company's payment. Please remember that your dental insurance is *your* responsibility.

1. We are always happy to submit your claims, but we can make no guarantee about your insurance assistance or payment.
2. All charges are your responsibility whether your insurance company pays or not. Not all services are a covered benefit in all contracts. Some insurance companies randomly select certain services they will cover with an alternate benefit. This means that the insurance company determines the benefit based on an alternative procedure that is generally less expensive than the one provided or proposed.
3. Fee for non-covered services, along with unpaid deductibles and co-payments are due at the time services are rendered. These are estimated portions based on the limited information provided by your insurance company. Feel free to contact our insurance carrier for a more specific estimate.
4. If the insurance company does not pay your balance in full within 30 days, we ask that you contact the carrier to help expedite the process and we require you to pay the balance in full.
5. If treatment is not started within 60days, all terms and fees are subject to change.
6. Unpaid balances over 30 days will be due immediately or considered a delinquent account. Delinquent accounts are then forwarded to a collection agency or attorney for further collection which may affect your credit.
7. There will be a \$25.00 fee for all returned checks regardless of circumstance. Balance must be paid by cash or credit card.

For any reason you have a problem or question regarding the treatment that was rendered to you, please feel free to contact the office.

Our primary concern is providing you with the highest quality of health care available today. Dr. Kim will continue to carry out procedures that are in your best interest regardless of the coverage provided by your insurance company. In the event that such procedures may not be covered by your dental plan, you will be responsible for the charge. Again, thank you for choosing us as your dental health care provider. We appreciate your trust.