

OFFICE FINANCIAL POLICIES

Dr. Christophe Le Huan Cua and Dr. Richard Le Huan Cua

Office Policy

Mutual understanding between our office and you is essential for optimum health service. It is our policy, following examination and initial treatment, to give you a complete treatment plan and an estimate of costs for the recommended treatment. Discussion of this treatment with the Doctor and one of our financial staff will enable you to know what treatment is planned and what your investment will be.

Financial Policy

A firm understanding of financial policy is essential before beginning treatment and to avoid any misunderstanding and assist you to plan accordingly. We want to be concerned with your dental needs, not your banking responsibilities. We do accept cash, check, Visa, Mastercard, Discover, and most dental insurance plans. We require you to pay the service fee upfront prior to the service provided that day. If the service is divided into two appointments, you will be required to pay the first half of the service fee provided that day and the remainder upon finishing the case on the day treatment ends. Any balance extended beyond 60 days will be subject to a 1.5% finance charge monthly. There will be a charge of \$40.00 for any check returned by the bank.

Walk-in & Emergency

All walk-in and emergency patients are responsible for 100% of payment at time of service.

Appointment Policy

We realize that time is a limited commodity for all our patients. This is why we strive to have "on time" appointments. Also, to accommodate as many patients as we can, we book our appointment schedule as full as possible. Our time, as well as the time of our patients, is extremely valuable. Therefore, we require 48 hours notice of any change in your appointment to avoid a canceled or no show appointment fee applied to your account in the amount of \$25.00. This is necessary to allow us adequate time to notify patients who are on a waiting list for the first available.

Insurance policy

We are pleased you have dental insurance, and our office will assist you in obtaining the maximum benefits specified in your contract. However, your insurance contract is between you and your employer, and the insurance company. We will need you to bring us a copy of your benefit booklet if you would like help interpreting your benefits.

As a courtesy to you, we will file your insurance claims.

We will accept assignment of benefits for preventive care if you have signed the insurance payment authorization form, have met your deductible and paid any co-payment due.

Payment for all restorative treatment will be due at the time service is rendered. Any benefit due to you will come directly to you from your benefit plan.

Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will cover.

You understand that you are responsible (regardless of any insurance) for any charges incurred from services rendered.

All insurance amounts are estimates only and not a guarantee of payment by your insurance company.

I, _____ have read, understand and agree to adhere to the above office policies.

Date: _____ Patient Signature: _____