

FINANCIAL POLICY

Our primary goal is not to allow the cost of treatment to prevent you from benefiting from the quality care you need or desire. In our office, we strive to maximize your insurance benefits and make any remaining balance easily affordable.

Our fees are based on the quality materials we use and the time, effort and skill required in performing your needed treatment. We charge what is the usual and customary for our area. We will assist you with your benefit eligibility before treatment to help you calculate your costs and maximize your insurance. We will be sensitive to your financial circumstances and do everything possible to help you achieve oral health. Ultimately, however, you are responsible for payment regardless of any insurance companies' arbitrary determination of usual and customary rates.

Your insurance policy is an agreement between you and the insurance company; we ask that all patients be directly responsible for all charges. Your estimated co-payment will be due at the time of service. We are happy to submit the claims necessary to help you receive the full benefits of your coverage; however, **we cannot guarantee any estimated coverage**. Please know that we will do everything possible to see that you receive the full benefits of your policy by filing your claim the day of your appointment. If there are any complications, we will assist you with any information you may need.

To assist you with your dental care investment, we provide the following payment options: ***we do not accept personal check and payments are due at the time of service:***

1. Cash- ***without*** insurance there is a 5% discount, seniors and military receive a 10% discount.
2. Visa/MC/Discovery- we accept credit cards as payment of treatment.
3. We do have financing through a third party, subject to approved credit.

We would be happy to discuss our charges and how they relate to your particular situation. We also realize that temporary financial situations may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. Most often, financial misunderstandings can be managed with a phone call. Please feel free to contact our wonderful staff at any time to discuss any concerns you may have.

RESERVATION/RESCHEDULING SCHEDULE POLICY

Our number one priority is quality care and exceptional service. Dr. Shin and staff spend extensive amounts of time preparing for your visit. Broken and missed appointments create scheduling problems for our team as well as other patients. If you find that you must change your appointment, we require a minimum of 48 hour notice so that we may make every effort to accommodate others. If proper notice is not received, a fee of **\$45.00 will be charged for every hour of allotted time cancelled will be charged to you**. I have read and agree to the Financial Policy and the Cancellation Policy of Pacific Family Dentistry.

Appointments scheduled longer than one hour will require your debit/credit card information to reserve this time. We will not charge your card unless you give us permission or you do not give us the adequate amount of time to reschedule your appointment.

In the event your account comes sixty days outstanding and no arrangements have been made to your account, it will be turned over to our outside collection agency. The account will appear on your credit report. The responsible party further agrees to pay all legal cost, including reasonable attorney fees and court costs. In all collection action, venue will be in the county of the collection agencies choice. If prior arrangements are made with the office to pay by check and it is returned you will be assessed for a \$25.00 return check fee

Signature of Patient or Responsible Party _____ Date _____