

FINANCIAL POLICY FOR LAUREN T. PHAN, DDS APDC

We strive to provide an affordable option to save your teeth. We realize that every person's financial situation is different. Please initial each line and sign at the bottom of this sheet. Thank you for your cooperation!

___ IF YOU HAVE DENTAL INSURANCE. YOUR PRE-ESTIMATED INSURANCE BENEFIT IS NOT A GUARANTEE OF PAYMENT. IT IS ONLY AN ESTIMATE. THE INSURANCE POLICY IS AN AGREEMENT BETWEEN YOU AND THE INSURANCE COMPANY. YOU ARE DIRECTLY RESPONSIBLE FOR ALL CHARGES.

___ PRE-ESTIMATED CO-PAYMENTS WITH OR WITHOUT DENTAL INSURANCE ARE DUE BEFORE RENDERING TREATMENT. WE RESERVE THE RIGHT TO SEND YOUR ACCOUNT TO COLLECTIONS IMMEDIATELY IF YOU DO NOT UPHOLD THIS POLICY.

___ TREATMENT PROCEDURES ARE SUBJECT TO CHANGE DURING THE TIME OF TREATMENT AND WILL BE REFLECTED IN ANY FEE CHANGES.

___ BENEFITS ARE CALCULATED BASED ON CURRENT AVAILABLE BENEFITS, PATIENT ELIGIBILITY AND ANY PROFESSIONAL COURTESIES. WE MAKE EVERY ATTEMPT TO HELP YOU RECEIVE THE MAXIMUM REIMBURSEMENT TO WHICH YOU ARE ENTITLED.

___ ESTIMATES ARE SUBJECT TO MODIFICATION BASED ON ELIGIBILITY, COORDINATION OF BENEFITS, THE BENEFIT PLAN IN EFFECT AT THE TIME SERVICES ARE COMPLETED AND ANY PROFESSIONAL COURTESIES.

___ AS A COURTESY, WE WILL SUBMIT THE CLAIM TO YOUR INSURANCE CARRIER FOR THE RENDERED PROCEDURES. IF THERE IS ANY REMAINING BALANCE AFTER YOUR INSURANCE PAYS, WE WILL SEND YOU A STATEMENT VIA POSTAL MAIL, WHICH IS DUE UPON RECEIPT.

___ IF YOU DO NOT AGREE WITH OUR PRE-DETERMINED ESTIMATE, YOU HAVE THE RIGHT TO FILE THE CLAIM TO YOUR INSURANCE CARRIER AND RECEIVE DIRECT PAYMENT FROM THEM. YOU WILL BE REQUIRED TO PAY THE FULL FEE AT OUR OFFICE PRIOR TO TREATMENT.

___ IT IS YOUR RESPONSIBILITY TO PROVIDE US WITH ACCURATE INFORMATION FOR YOUR DENTAL INSURANCE CARRIER(S). INCORRECT INFORMATION WILL DELAY INSURANCE CLAIMS AND PAYMENTS. WE SUBMIT TO YOUR CARRIER AS A COURTESY. IF INCORRECT, PAYMENT IN FULL FOR RENDERED PROCEDURES WILL BE BILLED TO YOUR ACCOUNT AND DUE UPON RECEIPT. YOU WILL RECEIVE A BILL VIA POSTAL MAIL. YOU MAY THEN SUBMIT THE CLAIM YOURSELF FOR REIMBURSEMENT FROM YOUR DENTAL INSURANCE CARRIER.

___ UNPAID BALANCES AFTER 30 DAYS ARE SUBJECTED TO LATE FEES AND CHARGED INTEREST. UNPAID BALANCES WILL BE SENT TO COLLECTIONS AFTER 90 DAYS.

___ RETURNED CHECKS (INADEQUATE FUNDS) ARE SUBJECT TO A \$50.00 CHARGE.

Patient (Guardian) Name Print

Signature

Date