

Robert Chung, D.D.S., M.A.

Periodontal Associates, LLC

FINANCIAL POLICY

1. Payment for services is due before services are rendered. We are not contracted with any insurance company. As a courtesy, we will help you obtain the appropriate benefits from your dental insurance. Accepted form of payment includes Check, MasterCard, Visa, and CareCredit (please go to CareCredit.com for application before your appointment)
2. **Returned checks** are subject to a \$35 service fee.
3. **Broken appointment:** A fee of \$100 per half hour scheduled appointment will be applied to any broken appointments and cancellations without 24 hours advance notice. If you have an appointment for any surgical procedure, we require 72 hours cancellation notice.
4. **Overdue Balance:** Account balances are due in full within 14 days from the initial statement date. If you are unable to make payment timely, it is your responsibility to contact our Office Manager immediately for assistance in managing your past due account to avoid possible collection fees and procedures. We also reserve the right to cancel any scheduled future appointments for accounts that are 30 days past due. The annual interest rate for overdue balance is 20%.

About your dental insurance

1. Your insurance coverage is a contract drawn up by your employer and the insurance company, such that each group plan varies widely. Unlike medical insurance where there is a fixed copay per office visit, your out of pocket expenses with dental insurance will be based on your plan's Reimbursement Level, Co-payment Level, Maximum Benefit Allowance, Deductibles, and other limitations specified. While we make every effort to help you obtain the maximum allowable benefits, and to give you an accurate estimate on the coverage of the treatment fees, please note that we cannot guarantee benefit payout by your insurance. You are responsible for the entire fee of the procedure(s) performed, regardless of insurance coverage.
2. If you are filling your own insurance claim, we will gladly provide you with a claim form and detailed statement, but payment in full is due at the time of visit.
3. If you have primary and secondary dental insurances, we will submit your claim to both carriers. However, since we are unable to estimate your secondary benefit, your estimated co-payments due on the day of service will be based on the primary plan only.
4. We do not submit to medical insurance.

Your periodontal health is important to us, and we value our relationship as your dental care provider. This financial policy is aimed to avoid any misunderstanding and disagreement on your account charges. If you have any question regarding our policy, please do not hesitate to speak with us. We believe that a successful relationship is based on open communication, and we are here to help.

I understand and agree to the above financial policy of Periodontal Associates, LLC

Print Name: _____ Email Address: _____

Signature: _____ Date: _____