

## ABEL PHAN AND ASSOCIATES WELCOMES YOU TO OUR OFFICE

*Please feel confident that all information provided is confidential*

### Insurance

As a courtesy to all patients we will verify your dental benefits, but you are responsible to know your dental plan coverage, exclusions and limitations. All estimates are subject to final approval by your dental insurance plan; therefore the amount due is subject to change after final explanations of benefits have been paid.

\_\_\_\_\_ (Initialize)

**Resin Based Composite Restoration (Fillings):** For the best of our patients, we recommended and only place resin based composite (white) restorations. Many dental insurance plans do not allow full benefits for composite (white fillings) performed on posterior (back) teeth. The plan benefits may pay for alternative (less expense) treatment – Amalgam (Silver/mercury based restoration)

\_\_\_\_\_ (Initialize)

**Pulp Cap Treatment (medication):** Many dental plans do not allow additional benefits for pulp cap treatment (this procedure is which the filling is very deep and the nearly exposed pulp is covered with a protective medication to help with healing and repair). Patient is responsible for this payment at the time of treatment. If your insurance does not cover for this service or does not allow separate benefits, you will be charged a contracted fee (between us as a provider and the insurance).

\_\_\_\_\_ (Initialize)

### **FINANCIAL**

The estimated amount not covered by your insurance is due at the time of treatment and may be paid by cash, personal check, Visa or Mastercard. To help you accept an extensive treatment plan, we are now offering interest free financing with CareCredit and Chase Health Advance (Certain Conditions are required).

\_\_\_\_\_ (Initialize)

**Financial Charges:** All returned checks are subject to a \$35.00 fee. We have the option to report your balance with us to any credit reporting agency and credit bureau. In the event that your account is turned over to a collection attorney, you are responsible for attorney fees in the amount of 33 1/3 %. Interest will accrue at 18% per annum, compounded monthly.

\_\_\_\_\_ (Initialize)

**Missed appointment:** All appointments require **48 Business hours** notice for cancellations or reschedules or a fee of **\$50.00 per hour** of appointment length will be charged. Appointments longer than 2 hours in length will require 7 days notice. We make every effort to remind patients by telephone prior to the appointment, **but please do not depend on this courtesy.** We have found that with the recent popular use of answering machines, pagers, and voice mails some of our patients are not receiving our reminders due to occasional malfunctions of these devices. **If we are unable to contact you directly; your appointment card will/call will serve as confirmation of your appointment.** If you receive a text message or e-mail, you can confirm your appointment, but if you need to cancel or reschedule your appointment you must call our office. Your appointment time has been reserved especially for you and we strongly encourage all patients to keep their appointment. If commitments for appointment are frequently broken, a non fundable reservation fee equal to the appointment fee will be required. Our ultimate goal is to help you achieve optimum dental health. Broken appointments only serve to delay your dental care and the opportunity to achieve that goal.

\_\_\_\_\_ (Initialize)

**I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. I ACKNOWLEDGE THAT I AM RESPONSIBLE FOR ALL CHARGES INCURRED FROM SERVICES RENDERED. I UNDERSTAND AND AGREE TO ALL POLICIES OF ABEL, PHAN AND ASSOCIATES D.D.S., PLLC.**

Print Name: \_\_\_\_\_

(If minor, please print parent or legal guardian name)

Signature: \_\_\_\_\_ (If minor, parent or legal guardian signature)

Date: \_\_\_\_\_