

NW SMILE DESIGNS
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FINANCIAL POLICY

Welcome to NW Smile Designs. Thank you for choosing us to provide your dental care. We appreciate the opportunity to serve you. It is our intention to provide you with the finest care possible while ensuring that you fully understand procedures, treatment and payment expectations.

YOUR DENTAL INSURANCE: If you have dental insurance, we are committed to help you receive your benefits. We will be happy to discuss your proposed treatment and any questions you may have about your insurance and bill your insurance for you.

PLEASE BE AWARE THAT IN MOST CASES YOUR DENTAL INSURANCE WILL COVER ONLY A PORTION OF THE FEE AND THAT YOU ARE FINANCIALLY RESPONSIBLE FOR ANY AMOUNT NOT COVERED. WE ONLY GIVE AN ESTIMATE OF PERCENTAGES YOUR INSURANCE PAYS NOT A GUARANTEE OF WHAT YOUR INSURANCE WILL PAY!

OUR POLICY FOR TREATMENT EXCEEDING \$1,000 WILL REQUIRE A PAYMENT OF YOUR ESTIMATED PORTION PRIOR TO RESERVING TIME FOR YOUR TREATMENT.

PAYMENT OPTIONS:

- Payment of estimated portion of treatment that insurance does not pay with check, cash, Visa, MasterCard, Discover and American Express.
- Installment plans are available through Care Credit please inquire.

I have read and understand the payment options available. I authorize NW Smile Designs to investigate my credit worthiness through a Credit Reporting Service if my account is 60 days past due and no arrangements have been made. **There will be a finance charge of 18% assessed on any balances over 60 days past due.**

Date _____

Signature _____

Print Name _____