



Periodontics & Implant Dentistry

Thomas Kang, DDS

Insurance and Financial Policy

It is our mission to provide you with the best care dentistry has to offer. That's why we always present you with the best dental solution possible to treat your personal situation. Each year we provide outstanding dental care to hundreds of patients. Some have dental benefits but some don't. If you have dental benefits, congratulations! You are very fortunate. Here are some important things you should know:

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_____ Your dental benefits are based upon a contract made between your employer and an insurance company. **If you have any questions regarding your dental benefits please contact your employer or insurance company directly. Dental benefit plans will never pay for completion of your dental care. It is only meant to assist you.**

_____ We currently accept all private care insurance plans (plans that do not require you to select a dentist from a list or require our office to accept a reduced fee for service). This means that we work with literally thousands of companies. Although we can maintain computerized histories of payment by a given company, they do change; therefore it is impossible to give you a guaranteed quote at the time of service. We estimate your portion based on the most up-to-date information we have, but it is **ONLY AN ESTIMATE**. If you would like to know your insurance benefit, we will be happy to file a "pre-treatment authorization" with your insurance company prior to treatment. Keep in mind this is not a guarantee of coverage. This does delay treatment but will give you the exact out of pocket figures you may require.

_____ We will bill your insurance as a courtesy. If insurance does not reimburse our office within 90 days, we reserve the right to request immediate payment in full for services from you and let you collect the insurance funds that are due to you. This is rare but it is important that you recognize that the insurance you have is a legal contract between YOU and your insurance company. Our office is not, and cannot be part of a legal contract. Ultimately, you are responsible for all charges in our office.

_____ **We do require payment in full for your estimated out of pocket portion at the time of service.** We accept Visa, MasterCard, cash, and checks. If you are in need of an extended finance option, we offer third party financing, with longer terms with an interest bearing revolving charge designed to meet your treatment plan needs on approved credit.

_____ A specific amount of time is reserved especially for you and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require **at least 24-hour** notice to avoid a **\$50/hour cancellation fee** (emergencies are an exception).

_____ In the event of an emergency after regular business hours a **\$95 emergency fee** will be charged for established patients in addition to the necessary treatment fees.

I agree with the above conditions.

Print Name: _____ Date: _____

Patient/Parent Signature: _____