

OFFICE POLICY

Namching Jennifer Young D.D.S.
486 E. Campbell Ave. #101
Campbell, CA 95008
408 374-9457

Office Hours:

Our office hours are 8:30 am to 5:00 p.m. Mondays to Thursdays, and Saturdays by special arrangement.

Policy on Scheduling:

We do make confirmation calls as a courtesy. However the patient is always responsible for their appointment. Reminder post cards for pre-scheduled recare appointments are mailed 2 to 3 weeks prior to the appointment date. If an appointment needs to be rescheduled, we request that you give us at least 48 hours advance notice. We reserve the right to charge you \$50 for each 30 minutes reserved if 48 hours notice is not given. This charge is needed because your appointment time is strictly reserved for you and advance notice gives us time to schedule another patient in need of dental care if you are unable to keep yours

Punctuality is important so that we can strive to maintain an on-time schedule for every patient. Late arrivals (over 10 minutes) may result in appointment being rescheduled due to insufficient time remaining to complete the procedure and may incur broken appointment charge.

Policy on Payment:

Charges for dental services are due and payable at the time services are rendered. For your convenience, we accept Visa, Mastercard, and Discover Card. We also accept ATM Cards.

Accounts over thirty days past due (from the day of service) are charged \$10.00 late charge and 1.5 % monthly finance charge. You can avoid late charges by making minimum monthly payments and keeping your account current. Accounts ninety days

past due are referred to a collection agency. The delinquent accounts may also incur collection, attorney, and court fees. If there are unusual circumstances, we invite you to call to discuss the matter with our financial coordinator.

Policy on Insurance:

We will submit dental insurance claims to your insurance on your behalf as a courtesy and will do our best to help maximize your insurance benefit

If you have dental insurance, it should be understood that this is an agreement between you and the insurance company to reimburse you for dental charges based on your plan's coverage. You are ultimately responsible for the payment of your dental charges regardless of your insurance coverage.

We ask that you pay your co-payment (estimate) and deductible (if any) at the time of service. Insurance payments will be assigned to us unless you prefer making full payment on services rendered and have insurance company reimburse you. Any portion not paid by the insurance company in sixty days, will be fully payable by you. If you have any question regarding your insurance coverage, please call your insurance company for information.

I acknowledge that I have read the above office policy and accept full financial responsibility for all dental charges incurred by me, or my dependents for services rendered by Namching Jennifer Young, D.D.S. and /or her associates.

Signature of patient /responsible party Date