

OFFICE POLICY

Welcome to **Everlast Professional Dental**. Our doctors and staff thank you for your continued support. We are here to offer you "State of the Art" dental care. We strive to properly evaluate your needs and to restore your mouth and teeth to proper health. Our goal as a professional dental team is to help you preserve and enhance the health of your teeth. Please read carefully the following:

Generals

- For the privacy of the patient ahead of you, please sign-in with receptionist upon your arrival and we will call you when we are ready to see you
- On your initial appointment, necessary X-rays need to be taken in order to evaluate your oral health that will determine your current dental health. An appointment will follow for additional dental treatments as needed.
- If you are pregnant, or suspect you may be pregnant, please advise the receptionist or the doctor before having any x-rays taken
- You will receive a copy of the Dental Materials Fact Sheet for reference and Notice of Privacy Practices and General Dental Treatments informed consent.
- Due to the sensitivity of our equipment, the use of cellular phone and/or pager is prohibited in either reception room, hall way and treatment room
- Smoking and Food are NOT permitted in reception room
- For their safety and comfort, we request that you not bring children to your appointment. If you must bring children please bring someone to watch them during your visit
- For patients who are under aged, parent or legal guardian is required to be present during the treatment
- A signature is required by the responsible party (or parent, or guardian of minor patient, or guardian or conservator of an incompetent, or beneficiary or personal representative of deceased patient) to authorize the Release of Dental Records, Financial arrangement and official documents. There will be a charge of \$25.00 for duplicating x-rays

Appointments

- A charge of \$50.00 will be made for broken appointments unless 24 hours notice is given
- We reserve the right to reschedule/cancel appointments without 24 hours advance notice
- If your arrival time is 15 minutes later than the appointment time, we may have to reschedule you to our next available appointment

Financial policies

- Payment is expected to be paid in full when services are performed unless other arrangements are made in advance. We accept Cash, Check, VISA, Master, and Discovery cards
- Returned checks will be charged of bank charge fee and an additional fee of \$50.00. Any unpaid balances (older than 30 days) will incur a 1.75% finance charge per month and additional collection fee if applicable.
- We accept personal check under the following terms and conditions:
 - ❖ Make check payable to **N.A. Nguyen**
 - ❖ Two forms of valid identification must be shown, one of which must be a photo ID such as a valid driver's license, State ID or Military ID, the other a major credit card or similar form of identification.
 - ❖ We accept Money Order, Cashier Check or Certified Check.
 - ❖ We do not accept 'starter' checks or checks that do not have the name and address of the individual or company making the purchase imprinted on them. P.O. Boxes will not be sufficient. A home or business address must be provided, as well.
 - ❖ You check presenter/maker must be willing to provide their driver's license number, phone number and complete home address, or have it imprinted on the check, regardless of whether it is a personal or a company check.
 - ❖ We do not accept checks printed with Versa Check software. Only professionally printed checks from a recognized check-printing firm will be honored. We do not accept third-party checks or payroll checks.
 - ❖ All checks are subject to verify by **Certegy Check Services**, Telephone: 800-237-4851 or write to them at Certegy Check Services, PO Box 30046, Tampa, FL 33630
- The dental insurance is a contract between you, your employer and the insurance company. We are not a party to that contract. We are as dental care providers and our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. The patient's co-pay and insurance coverage portion is only an estimate that bases upon your dental insurance information given at the time of verification. You will assume responsibility for any residual balance(s) or unpaid portion(s) by your insurance.
- In the event of any dispute by the patient regarding payment for services rendered or the quality of services rendered at our office, patient and dentist agree to submit their dispute to binding arbitration to the American Arbitration Association in Citrus Heights or Sacramento

Thank you in advance for observing our office policy. If you have any questions, please do not hesitate to ask the Doctor(s) or any of our staff members. I have read and understand the above information.



I, _____ have read and understand the office policy and received a copy of the Dental Materials Fact Sheet and Notice of Privacy Practices as required by law and General Dental Treatments Informed and Consent.



Patient's Signature: _____ Date: _____

EVERLAST PROFESSIONAL DENTAL, NHA-AN NGUYEN, DDS, INC. RESERVES THE RIGHT TO REVOKE, CHANGE OR SUPPLEMENT THIS POLICY AT ANY TIME WITHOUT NOTICE