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## APPOINTMENT POLICY

Your appointment time is reserved just for you. If you need to change a scheduled appointment, please contact us **at least two business days in advance**. Failure to notify us will result in a missed appointment charge of \$45.00.

## INSURANCE INFORMATION AND AUTHORIZATION

This office will assist and process the necessary dental insurance forms for you. However, ***while we strive to obtain and provide accurate insurance information, it is not a guarantee of coverage. The anticipated payments from your insurance company are estimates only.*** You are responsible for insurance deductibles, estimated co-payments, and non-covered procedures on the day of services.

***Your insurance policy is an agreement between you, your employer, and your insurance company.*** When you receive treatment, you agree to be directly responsible for all charges, including all charges not paid by insurance.

Most insurances have yearly deductibles and maximums, and in some cases, lifetime maximums. It is your responsibility to be aware of these maximums, and you will be responsible for any charges not covered by insurance.

***Regarding secondary insurance:*** In many instances, secondary insurance do not cover the remaining balance after payment from the primary insurance. Therefore, we will bill the primary insurance and request the estimated co-payment on the day of service. After the primary insurance has made payment, we will provide you with necessary documentation that you can submit to the secondary insurance.

Because we submit most insurance claims electronically and indicate "Signature on File" on paper claims, a signed authorization must be maintained in the patient's file.

**I fully understand the appointment policy, authorize payment of benefits, and agree to be financially responsible for all treatments provided.**

Date: \_\_\_\_\_ Patient's Signature: \_\_\_\_\_