

**Le Vu Dental Corp**  
**Arden Arcade Family Dentistry – Galleria Smile Designs – Bruceville Family Dentistry**

**OFFICE GUIDELINES**

*Our philosophy is to provide the highest quality of patient education and dental care to all of our patients.  
To ensure that you begin with a positive experience, we have prepared the following information for you to review.  
Please feel free to let us know if you have any questions or concerns.*

**EXPECTED PAYMENT**

In order to provide you with low fees and excellent service, we ask that you pay your estimated portion of the procedure on the day of treatment. We are more than happy to provide an estimate for service before your appointments so that you may plan ahead. Please remember that the estimate is just an estimate and does not promise full coverage. We believe whether you pay privately or have dental insurance to assist you, everyone deserves the dental care they need and want. I understand that the fee estimate listed for my dental care can only be extended for a six (6) month period from the date of patient examination.

**DENTAL INSURANCE**

As a courtesy, we are happy to file your dental claim(s) to assist you in receiving the full benefits of your coverage. We ask that you familiarize yourself with your insurance benefits, and provide us with the correct information for the submittal of your claims. We will accept the estimated insurance payment directly from your insurance company, provided payment is received from them within sixty (60) days. Please remember that your insurance is a contract between you, your employer, and the insurance company; we cannot guarantee any estimated coverage. Not all services are covered benefits in all contracts; therefore, you are ultimately responsible for the total amount of your dental fees. The treatment recommended for you is indicated regardless of your dental insurance benefits, deductibles, limitations, or maximums.

**PAYMENT OPTIONS**

For your convenience, we provide a variety of payment options to help you receive the quality care you need to enjoy a healthy and confident smile. Insufficient payment will result in a \$40.00 fee. Please identify which form of payment is most convenient for you at the time of service.

|               |     |                    |                    |
|---------------|-----|--------------------|--------------------|
| Cash or Check | ATM | Visa or Mastercard | Extended Payment** |
|---------------|-----|--------------------|--------------------|

*\*\*Should you desire a monthly payment plan, we invite you to sign a simple agreement with Dr. Vu. All payment plans must be confirmed on a signed agreement with Dr. Vu or her Office Coordinator.*

**PAST DUE BALANCES**

If applicable, balance owing from a prior visit where insurance is not pending, or an insurance payment has not been received within sixty (60) days are subject to a finance service charge of 1.5% (18% per annum) on the unpaid balance, unless prior financial arrangements are satisfied.

**CANCELLATION NOTICE**

- *New patients* – Our office has a \$50.00 cancellation policy, which is collected prior to scheduling with Dr. Vu. This \$50.00 deposit is kept if the new patient does not give us a two (2) days advance notice for cancellation.
- *Treatment patients* – Our office has a \$50.00 deposit policy to reserve treatment time with Dr. Vu. This deposit will go towards your treatment. We reserve the right to keep this deposit if you do not give us a two (2) business day advance notice for cancellation.
- *Broken appointments* – Our office reserves the right to dismiss patients that miss 2 consecutive appointments.

**INFORMATION CHANGES**

To ensure your records are current, please notify us of any changes related to your medical history, telephone number(s), address, employer or insurance information as they occur.