

6968 Warner Avenue
Huntington Beach, CA 92647
(714) 842-5626 email: info@huntingtonbeachperio.com

OFFICE AND FINANCIAL POLICY STATEMENT

Welcome to our office! We appreciate your time and patience in reading and filling out the forms that are necessary for your patient file, as well as for your information.

Payment for care is due at the time services are rendered. For your convenience, Visa, MasterCard, Lending Club, Care Credit, American Express, and Discover are accepted.

We are happy to file insurance claims as an additional service to you. Patients covered by indemnity dental, medical plans or DHMO coverage should remember they are responsible for their portion of the services and we request payment in full at the time services are rendered, unless **prior** arrangements have been made. Reimbursement by the insurance company is the responsibility of the patient. In the event your insurance company does not cover the services rendered the total charge will be the patient's responsibility.

If you have scheduled an appointment and you are unable to keep it, we require you to cancel 48 hours in advance to avoid the following charges:

For a consultation \$40.00. For a treatment appointment \$150.00.

This is part of our policy and allows us to maintain lower fees.

In the event you have a dental emergency, please call as early in the day as possible. Anyone calling after 12:00 PM **may** be seen the following day except for emergencies related to accidents.

Even though an insurance claim is filed by our office, we cannot accept responsibility for collecting your insurance benefits, negotiating a disputed claim, confirming eligibility or interpreting your coverage. This office does not determine the limits of your coverage. This coverage will be specifically stated in the policy provided you by your employer. Any questions you may have concerning your insurance benefits should be directed to your insurance representative or your employer.

FOR ALL PATIENTS

It is important for you to know that dental offices handle hundreds of different dental plans and cannot be expected to inform each patient of their benefits. It is the patient's responsibility to become familiar with their particular policy.

The following changes are important for us to know:

1. Change of address.
2. Change of phone number.
3. Change of employment.
4. Change of health (any recent illness, new medication, or newly developed allergies).
5. Change of insurance.

I HAVE READ THE ABOVE STATED OFFICE AND FINANCIAL POLICES AND UNDERSTAND THAT REGARDLESS OF INSURANCE COVERAGE, I AM RESPONSIBLE FOR PAYMENT OF SERVICES RENDERED AT THE TIME OF TREATMENT, UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE. IN THE EVENT PAYMENT IS NOT MADE, THE PATIENT IS RESPONSIBLE FOR ANY AND ALL COLLECTION COST.

Signature

Date

Responsible Party / Patient's Name (Printed)

Date