

FINANCIAL POLICY AND AGREEMENT

Outstanding Patient Service is Our Goal

The goal of Alex H. Kang and staff is to make sure that you receive the highest quality dental care and service. One step is to make certain that our financial policies are clear and understood by you.

Insurance – We go the Extra Mile

If you have insurance, we will make a good faith estimate of your benefits and defer billing you for that amount for up to 60 days. We will take complete care of completing and filing the appropriate claim forms with your insurance company. We will also track your claim and make sure that it is paid timely. We will follow-up with your insurer when claims are not processed timely and attempt to expedite payment. We are also happy to provide your insurance x-rays or other information they may require.

If your insurer denies coverage, or if we otherwise do not receive payment within 60 days from filing your claim, the amount will then become due and payable by you. Once your dental insurance is utilized to the maximum benefit, any additional treatment will be considered outside of the insurance contract and patients will be charged the full cost of the treatment. Remember that your coverage is a contract between you and your insurer and/or your employer and your insurer. Although we will make every effort to help you obtain your benefits, we cannot force your insurer to pay.

Your Payment is Due at the Time of Treatment

Fees for treatment are due at the time of treatment after deduction of your good faith estimate of insurance benefits. We accept cash, Visa and MasterCard.

Patient Responsibility

I acknowledge my responsibility for payment of the services received from Alex H. Kang DDS, MSD in accordance with their regular fees and terms.

I understand my responsibility is not modified by whether any third party (insurance) pays for all, part or none of the charges.

I understand that this account becomes delinquent if not paid within 60 days after billing and that at that time a finance charge of 1.5% of unpaid balance will be charged every month until balance is paid in full.

Cancellation Policy

We understand sometimes circumstances arise that may prevent patients from keeping appointments. However, we ask that you give us a minimum of 48 hours notice if you need to make any type of appointment change. This allows us the opportunity to give another patient this valuable time with one of our dental care providers. In some cases a fee may be assessed when ample notice is not given for missed appointments.

Assignment and Release

I authorize payment to be made directly to the dentist by my insurance company and I accept financial responsibility for all service not covered by my insurance and I authorize release of any medical care information requested by my insurance carrier.

Patient Signature: _____ **Date:** _____