

Manteca Dental Care

Financial Policy & Appointment Agreement

We are committed to providing you the best care possible to optimize your dental health. Once we have assessed your dental conditions, we will present you with a treatment plan, which is a detailed description of Dr. Tran's proposed procedure(s) and associated fee(s).

Payment in full is due at the time services are rendered, unless prior financial arrangements are made. For your convenience, we will make every effort possible to make and/or provide financial arrangements that best fit your circumstances. We accept cash, checks, and most major credit cards (Visa, MasterCard, American Express). Please note that there is a \$40.00 service fee for returned checks. We also offer Chase Health Financial and CareCredit financing options.

Account balances greater than 30 days old are considered late and will be assessed a finance charge fee equal to 1.5% of the late balance. Additionally, patients with account balances over 45 days old may be subject to additional charges relating to collection action, including agency, attorney fees, court costs, etc.

For those with insurance: Insurance carriers vary greatly in coverage, but we will try to help you get the most benefits from your policy. Therefore, we can only estimate your coverage in good faith, but cannot guarantee it. Please keep in mind that you are responsible for the total fees for completed services should your insurance benefit result in less coverage than anticipated. All co-payments and estimated share of costs are due at the time services are rendered. As a courtesy, we will complete and submit a claim to your benefit provider. Additionally, pre-authorizations for any dental treatment are done **upon request only**.

Please note: An "estimate" is **not a guarantee** of insurance payment or eligibility. Your insurance carrier will only guarantee payment, eligibility, and remaining annual maximum when claims are submitted. If and when you terminate and/or change your insurance policy, you **must notify us** of any such changes. Otherwise, you are responsible for any rendered services that are not covered by your old and/or new benefit provider(s).

We strive very hard to be on schedule when you arrive. It is our policy to inform you promptly if we are running late, and if necessary, we will offer you the option of another appointment. We understand the occasional need to change an appointment due to illness, emergencies, work schedules, etc. However, we request that you give us at least 24 hours notice **prior to your appointment** to cancel or reschedule. When patients miss their appointments, it is a loss not only to our staff but to other patients as well.

As a courtesy and to aid you in remembering your appointments, we offer you a reminder card, we mail you a reminder card (if necessary), and we call a day or two before to remind you of the appointment.

Therefore, the charges for late or broken appointments are as follows: (1) No charge for missed or late appointments of 10 minutes or less, (2) a \$25.00 charge per hour for failed or broken appointments, and (3) a \$50.00 charge per hour for broken appointments on a Saturday.

By signing below, I understand, accept, and agree to the policy set out above.

Patient/Parent/Guardian/Responsible Party's Signature

Date