

WALNUT CREEK DENTAL--EAST

DRS. PAUL & LYDIC, DDS, INC.

ABOUT FINANCIAL ARRANGEMENTS & DENTAL INSURANCE

We are committed to providing you with the best possible dental care. If you have dental or medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our payment policy. We will be happy to help you process your insurance claim-form by submitting **one form** for each of your dental visits. In order to do this, we must have an original form from your company, filled out completely and signed by you on file as our computer system will file subsequent claim forms either electronically or by hard copy. Infrequently, however, Insurance companies return forms for further explanation and resubmission. For this reason a **\$5** fee will be levied for resubmissions due to any error, which is not ours. You can eliminate this fee by submitting your own claim form the second time, after paying the insurance part in advance.

Co-payments for services rendered are due **at the time these services are rendered** unless an approved payment plan has been previously arranged by our staff. Your treatment coordinator will be glad to assist you in the completion of all accepted payment arrangements. For your convenience this office accepts, cash, checks, MasterCard, Visa, and Discover. For your convenience we will **ESTIMATE** the amount of this copayment in advance and request its payment in full at each visit. If there is a discrepancy at the end of treatment we will either refund any overpayment or bill you for the balance. This amount will be due upon receipt of the statement. Please note that because of the large number of insurance companies our **ESTIMATES ARE SUBJECT TO ERROR AND NOT AN ACTUAL AMOUNT, BUT AN APPROXIMATE AMOUNT OF YOUR TREATMENT COSTS.**

Returned checks will be subject to additional collection fees of **\$25**. Balances older than 30 days may be subject to finance (interest) charges of 1 ½ % per month (18% annualized). Because we consider your time as valuable and schedule appointments for **your care only**, during the day, we expect you to return the consideration. Therefore, charges **may** also be levied for broken appointments and appointments canceled without 24 hours notice.

We must emphasize that your insurance is a contract between you, your employer and your insurance company. We are not a party to that contract, except on a few, chosen participation basis only (PPO, DMO plans, etc.)

Our fees are generally considered to fall within the acceptable range by most companies, and, therefore are covered up to the maximum allowance determined by each carrier. "U.C.R." is a term defined as the usual, customary and reasonable fees for a certain region. In determining this fee survey offices such as "discount clinics" are included and this affects the average. We consider our fees to be Usual, Customary, and Reasonable.

While filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect the timely payment of your account and when notified of any problems will be happy to work with you in the payment of your account. Any account with no payment activity for 60 days will be turned over to collection for legal remedies.

WALNUT CREEK DENTAL---EAST strives to provide perfection and satisfaction, which is why we are happy to stand behind all of our dental work. However, we also expect you to stand behind your commitment to maintaining good oral hygiene and visit us every six months for professional cleanings. We will stand behind sealants, white and silver fillings, crowns and fixed bridges for a period of three years. Our pledge for root canals is for a period of one year, unless appropriate restoration (crown) is performed and this then will extend to three years. Dentures that are unsatisfactory to you will be remade if your dissatisfaction is voiced within a six-month period. **I HAVE READ THE ABOVE AND AGREE TO THE TERMS OUTLINED**

signed _____ date _____

WE RESERVE THE RIGHT TO CHARGE FOR EVERY BROKEN APPOINTMENT. THE AMOUNT CHARGED WILL VARY ON THE PROCEDURE THAT WAS SCHEDULED FOR THAT APPOINTMENT