

KWAN ENDODONTICS

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Diplomate of the American Board of Endodontics

FINANCIAL AUTHORIZATIONS & AGREEMENTS

It is our goal for our patients to understand their treatment needs as well as their financial responsibility prior to treatment. Please review the following policies and procedures:

PAYMENT POLICY: *Payment/Co-payment is due at the time services are rendered. We require that you provide us with your photo ID and SSN. If you do not wish to provide your SSN, you may elect to pay the balance in FULL and let your insurance reimburse you.*

1. We accept cash, personal/cashier's checks, money orders, Visa, Mastercard, Discover, and American Express.
2. If there is a balance on your account for over 90 days, you will be required to pay 1% finance charge per month on the unpaid balance until paid in full.
3. You will be responsible for any and all costs incurred in the collection of your debt (i.e. collections agency fees, court fees, and/or attorney fees).
4. A \$50 fee will apply to any check that is returned by the bank.

DENTAL INSURANCE: *As a courtesy to our patients we will gladly file your claims and accept assignment of dental insurance benefits provided you agree to the following:*

1. You must provide us with an insurance card and/or all of the information necessary to verify your coverage and file your claim.
2. Your insurance policy is a contract between you, your employer and the insurance company. We are NOT a party to the contract. Our relationship is with you; not your insurance company.
3. Although we may estimate your insurance benefits, we are not responsible for their accuracy. Knowledge of your benefits as well as benefit amounts, limitations, exclusions, waiting periods, etc. is entirely YOUR responsibility. Receiving our services indicates your acceptance of responsibility to pay regardless of the estimate provided.
4. All charges not paid by your insurance company are your responsibility regardless of the reason for nonpayment. Not all services we provide are covered benefits. Benefits differ from one company to another. Fees for non-covered services, along with deductibles and co-payments are due at time of service.
5. Treatment provided in another dental office during your current plan year may alter your co-payment due for services rendered in our office. In such cases we are not able to track whether or not you have reached your yearly maximum benefits. Please call your insurance company if this applies to you.
6. There are many factors in determining patient responsibility when coordination of benefits between two insurance companies is involved. We will provide you with the most accurate information available to us, but CANNOT guarantee what your out-of-pocket expense will be.
7. Please understand that our responsibility is to provide you with treatment that best meets your needs, not to try to match your care to insurance plan limitations.

BROKEN OR MISSED APPOINTMENTS: *Our office has a no show / late cancelation ("broken appointment") policy that may result in a fee being charged if you fail to keep your scheduled appointment. You must notify us no later than two business days before your scheduled appointment to avoid this fee. We understand that things can come up, so we encourage you to call us as soon as possible even if it is after the deadline if you know that you will miss your appointment and explain the situation. The fee for the initial broken appointment is \$100. This fee may increase for multiple broken appointments up to \$1,000. We will tell you if you will be subject to an increased fee when you schedule your appointment. If you have a history of broken appointments, we may require a deposit of this fee before we reschedule your appointment. We reserve the right to terminate professional treatment of any patient when scheduled appointments are not kept.*

I have read and understand this document in its entirety; outlining the office and financial policies of Kwan Endodontics and agree to these terms.

Name of patient (printed): _____

Signature of patient or parent/guardian: _____ Date: _____