

OFFICE POLICIES

Thank you for choosing the office of Trang T. Le, D.D.S., Ltd for your dental care. We are committed to providing you with the best treatment and services available. To help us serve you, please take a moment to read our office policy, sign and date below. If you have any questions or concerns, we will be glad to assist you.

Appointments: Please understand that once you make an appointment, that time is reserved for you. When an appointment is cancelled with less than 48 hours notice or if the appointment is not honored we reserve the right to charge a \$50.00 fee for a missed appointment. In the event of unusual circumstances, exceptions will be made.

Financial: For patients without insurance, payment is expected when services are rendered, unless other financial arrangements have been made. In cases where a Preauthorization has been received from your insurance company, payment of your responsibility will be appreciated. We accept *VISA, MasterCard, Discover, American Express*, cash and checks. There will be a \$30.00 fee for each Returned Check or Insufficient Funds.

Insurance: Dr. Le is currently in-network with *Delta Dental Premier* and a participant with the *CIGNA Dental Network Savings Plan*. For those and other dental insurance plans, we will submit the claim for reimbursement. Please keep in mind that reimbursement and dental coverage varies with in-network and out-of-network providers. Insurance policies are arrangements between you and your carrier. You are responsible for any payment not covered by your insurance. We recommend that you be familiar with your insurance policies so that we can help you obtain the maximum benefits.

Once insurance claims are processed, payment of the remaining balance is due upon receipt of Statement of Account. Interest-free payment plans (up to six months) can be set up. Past due accounts may be forwarded to a collection agency. Patients would be responsible for any collection costs.

Thank you for your cooperation and entrusting your dental health with us. I, _____ have read the OFFICE POLICIES of Trang T. Le, D.D.S., Ltd. and agree to comply with the provisions.

Signature _____ Date _____