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 these office policies, 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 canceled with less than a 48-hour 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: Payment is expected when services are rendered, unless other financial arrangements have been made. We accept Visa, MasterCard, American Express, Discover, Checks and Cash. There will be a $30.00 fee for each Returned Check or Insufficient Funds.

Insurance: We will submit claims to **all** insurance companies. Insurance payments will be sent **directly** to you. 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. We recommend that you be familiar with your insurance policies so that we can help you obtain the maximum benefits.

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 and RECEIVED a copy of the office policies of Trang T. Le, D.D.S., Ltd. and agree to comply with the provisions.

Signature:_____ Date:_____