

DENTAL CARE SF POLICIES

Patient's Full Name: _____

We hope by presenting our policies to you in the beginning, we will avoid any misunderstanding and, therefore, have more time to dedicate to your dental care. If you have any questions regarding these policies, please do not hesitate to ask - we are here to help!

As proof of identity, you will be required to present a valid photo ID. A copy of your photo ID will be kept in your medical chart. This is a requirement for most dental and medical insurance providers, credit card processors, etc. and is implemented for your own protection.

Payment is due at the time services are rendered. We accept cash, checks, Visa, MasterCard, Discover, and American Express. We also offer payment plans through ChaseHealthAdvance, which allows you to make small monthly payments towards your treatment cost. You, as a patient, understand and agree that all financial arrangements must be made prior to treatment.

If you are patient with insurance, it is important to remember that your insurance plan is a contract between you, your employer, and the insurance company. As a courtesy service to our patients, we submit claims to your insurance carrier on your behalf. If we estimate and collect your co-payment and your insurance underpays or denies a benefit, you are responsible for the remaining balance. Please note that not all services are covered in all insurance contracts. Insurance companies arbitrarily select certain procedures they do not cover, based upon the premium/contract arranged by your employer. You, as a patient, understand and agree that you are financially responsible for your insurance deductibles, co-payment, and services not covered by your insurance.

Outstanding balances over 60 days are subject to late fees, collections fees and an interest rate charge of 1.75% per month. Returned checks will be subject to a \$25 service charge.

The time of your appointment is reserved for your comprehensive treatment. If you need to reschedule your appointment, we require 48-hour advance notice. To reschedule your appointment, please call us at 415-564-8330. Missed appointments or appointments rescheduled in less than 48 hours will result in a \$120 broken appointment fee. You, as a patient, understand and agree that scheduling an appointment indicates your acceptance of this policy and your responsibility for broken appointment fees.

We appreciate your understanding of how important it is to keep your appointments and to provide us with advance notice so that we can accommodate other patients on our waiting list. As part of our Appointment Policy, we ask you to provide a credit card number when scheduling your appointment. If you do not have a credit card, you will be required to pay 50% of the value of your next appointment

(non-refundable) before scheduling. You, as a patient, understand and agree that in order to reserve time for your dental treatment, you will need to provide a valid credit card number or pre-pay.

Patient's Signature: _____ Today's Date: _____

Credit Card #: _____ expiration date: _____