

New Bern Family Dentistry ~ Debra Gong Choe, D.D.S ~ OFFICE POLICY

Thank you for choosing us as your dental care provider. We are committed to the success of your treatment. The following is a statement of our office policy, which we ask that you read, agree to and sign prior to treatment.

Patients Without Dental Insurance

Payment in full is expected at the time of service. We accept cash, check, MasterCard, Visa, American Express, Discover and Care Credit financing.

Patients with Dental Insurance

Dental insurance policies are contracts between patients and their insurance companies. As a courtesy, we accept assignment of benefits from most companies and contracted with a few. Any estimated benefits quoted are based on **limited information** obtained from your insurance company. We cannot guarantee your insurance company will pay exactly as quoted. Our charges are within the "usual and customary" range for *most* carriers but not all, since this range varies with each insurance plan. Your estimated portion of the bill is due at the time of service. You are responsible for the total treatment fee if your insurance company does not pay. We allow 60 days for your insurance company to reimburse us. After this, all inquiries to your insurance company or payments due, become your responsibility.

By signing below, I authorize dental benefit payments to be paid directly to Debra Gong Choe, D.D.S. from my insurance company, if applicable.

New Patients and X-rays

We require x-rays to complete a comprehensive exam by law. We are happy to use current, diagnostic quality x-rays from your previous dentist, if available. X-rays will be taken at the comprehensive exam if not received **prior** to initial appointment. *In accordance with state law, Dr. Gong Choe is held accountable and has a moral obligation to her patients.* Therefore, it may be necessary to take photos or study models to make a complete diagnosis for treatment. The patient will be financially responsible for the cost of these if not covered by their insurance company.

Minors

A parent or legal guardian must accompany a minor. The parent or guardian present is responsible for payment at the time of service. ***We cannot bill an ex-spouse, etc. for payment.***

Missed appointments

We reserve a block of time for you only, for this reason we require at least 24 hours advance notice to change an appointment. We reserve the right to charge a fee of \$25 for **each** missed appointment. Three broken appointments may result in dismissal from this office.

Returned Checks

There will be a \$25 fee charged to your account and we reserve the right to refuse personal checks in the future.

Collection Policy

We do not offer in house payment plans; payment is due at the time of service. Delinquent balances may be turned over for professional collections after **90 days** of non-payment with a **35% collection fee** added to the balance.

By signing below I acknowledge that I have read, understand and agree to the above policy. I have had the opportunity to have all my questions answered. I agree to indemnify Debra Gong Choe, D.D.S. for all expenses incurred in order to enforce collection of any amount due under this agreement. I also agree to pay reasonable attorney fees and court costs incurred in such collection.

Signature of Patient

Or Responsible Party: _____ **Date:** _____

