

ADMINISTRATIVE POLICIES OF OUR OFFICE

In order to keep your information updated to provide you and your family the best care possible. Please inform us of any change in your address, phone number, or any other pertinent information for our records with each visit.

If you are unable to keep an appointment, we ask that you kindly provide us with minimum of two-business days notice. Our office does not accept cancellation or changes in appointments after hours by voicemail; you **must** call during our normal business hours. This courtesy on your part will make it possible to give your appointment to another patient who needs to see the dentist or hygienist. Our office reserves the right to charge a missed appointment fee of \$40.00 per scheduled hour.

(Initial) _____

Insurance Processing:

North County Dentistry is a contracted provider with most major PPO insurance policies. Our patients are encouraged to check with their insurance carrier to make sure that John J. Kim, D.D.S is in their care network. As a courtesy, we are happy to file insurance claims for our patients.

Estimated co-payment and deductible costs will be collected when services are rendered. If your dental treatment requires multiple visits, we request payment of your estimated portion for each dental visit. We do not routinely bill our patients.

We can also provide care for patients as an out-of-network provider; details of your financial responsibility should be discussed with your insurance company. We will file a claim to our patient's primary insurance carrier as well as any secondary or supplemental insurance plans they may have once the primary carrier has paid.

(Initial) _____

Billing:

Our statements are sent out on a monthly basis. All charges are due and payable within 30 days of receipt. We accept cash, check, Visa, Master Card, and Discover. There will be a \$30.00 assessment for returned checks.

(Initial) _____

It is policy of this office to require prompt payment of the services rendered. There is a Finance charge of 1. % added to a monthly statement beginning 30 days after receipt of a patient's insurance payment. In the event it is necessary to assign an account for outside collection, such as collector's fees and/or attorney's fees will be added to the outstanding balance and become the financial obligation of the patient or guardian.

By signing this administrative policy, you are indicating that you understand and agree to the terms of service explained above.

I agree to do everything necessary to assist Dr. John J Kim, D.D.S in receiving the credited insurance benefits, if any, by completing and submitting any necessary forms, as well as communicating all and any change in my insurance benefit. I am aware that I, not my insurance company, am responsible for all balances on the account, whether or not the insurance company pays the full expected benefit allowance. In addition, **this will serve as signature on file** for the submission of all insurance claims...

Printed Name

Signature of Responsible Party

Date

EMAIL: _____

Please add your email address if you would like to have your appointment confirmation sent via email.