



## Financial Agreement

Dr. Oh and staff are committed to providing you with the best possible dental care. If you have dental insurance, we are anxious to help maximize your allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our policy.

**PAYMENT:** Fees are established according to services performed and payment is due at the time of service unless prior arrangements have been made. (If you have dental insurance, we require that you pay your estimated portion and deductible at the time of service.) A finance charge of 1% per month 12% per annum is assessed on any balance after 60 days.

**INSURANCE PAYMENT:** To prevent misunderstandings, we inform our patients that insurance policies vary and that it is each patient's responsibility to pay for the services rendered, regardless of individual coverage. (We accept cash, personal check, Visa, MasterCard, Debit, Auto Pay and outside patient financing through CareCredit). We are happy to process your insurance claim for you if all necessary filing information has been provided to us (ie. correct insurance information, correct social security numbers, group number(s), signed benefit claim form, etc.).

You must realize, however, that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that company.
2. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

Thank you for your understanding. Please do not hesitate to let us know if you have any questions or concerns.

I UNDERSTAND AND AGREE TO THE TERMS OF THIS FINANCIAL POLICY.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_