

Financial Responsibility Notice

SINHA KANG D.M.D., PA

Thank you for choosing our office for your dental care. We are committed to the success of your treatment. Please understand that payment of your bill is considered a part of your commitment to treatment.

ABOUT OUR FEES

The following is a statement of our financial policy, which we ask you to read and sign prior to any treatment. ***YOUR INSURANCE CO-PAY & DEDUCTIBLE ARE DUE IN FULL AT THE TIME OF THE SERVICE.*** To accommodate you, we accept cash, checks, Visa, MasterCard and Discover. For extensive treatment plans we offer extended payment plans with prior credit approval. **Interest** will be charged at a monthly rate of 1.5% for accounts that are past due. If your account is sent to our collection agency, you will be responsible for any and all costs involved with the collection process. This will include all court costs or attorney's fees.

REGARDING INSURANCE

We will accept assignment of your insurance benefits. However, we do require your co-payment and deductible be paid in full at the time of your visit. The balance is your responsibility whether your insurance company pays for your treatment or not. We will gladly process your claims provided you give us accurate insurance information. We will assist you in completing the necessary forms to process your secondary insurance claims. It is your responsibility to inform us of changes in your insurance company. Please be aware that some, and perhaps all, of the services provided may be non-covered services and/or not considered reasonable or necessary under the policy your employer has selected. Please note that if a service is a covered benefit under your policy the full financial responsibility rests with you.

Thank you for taking the time to read and understand our financial policy. Our practice is committed to providing the best treatment for our patients. Please let us know if you have any questions. Any of our staff members would be glad to review the financial policy with you at any time.

I have read the financial policy. I understand and agree to the terms of this policy.

Signature

Date