



CHRISTY A. KIM, DDS
FAMILY & COSMETIC DENTISTRY

Patient Financial Policy

Welcome to our practice.

We are committed to supporting you in understanding your dental health and will present you with the best dental solutions available. We hope that this Financial Policy will facilitate open communication between us, allowing you to make the best choices related to your care and help avoid potential misunderstandings.

In choosing your treatment options, and to make these services affordable, we offer the following options for payment:

- 1) Cash, Check, Visa, MasterCard, Discover, Health Savings Cards
- 2) Payment plan (90-day in-house, or Care Credit)

We will, as a courtesy, process your insurance claims in our office. We will do our best to find out the details of your insurance coverage and benefits.

***Please understand that it is difficult at times to get all of the details of your insurance benefits. We can only provide estimates, as the insurance companies do not guarantee payment. Providing this information is a courtesy we provide, as you are responsible for knowing your insurance benefits. Please contact your insurance company if you would like to get more information. We can help you by providing you with the correct dental codes.

___ I understand that the estimated patient portion is due at time of service for all services rendered that day.

___ I agree that I am fully responsible for the total payment of all procedures performed in this office - which includes any treatment that is not covered by my insurance company. This amount must be paid within ninety (90) days of date of service, regardless of whether or not my insurance benefits have been paid. One percent (1%) per month interest (12% per year) will be charged on accounts 90 days from treatment date.

___ Payment Plans: I understand that should credit be extended to me by this dental office, a credit check will be made through TRW or other credit services and I authorize release of all financial data. Credit card information will be saved on file and will be charged at the times agreed upon per payment plan, until balance is paid in full.

Please make your questions and concerns known to our Accounts Manager who will be happy to discuss this policy and to ensure that you have an outstanding experience.

Signature (responsible party)

Date