

FINANCIAL POLICY

Thank you for choosing our office as your dental healthcare provider. We are committed to your treatment being a successful. Our Insurance Department and Patient Finance Counselor will work very hard to make sure your paperwork is filled accurately and promptly.

In order to provide you with the highest quality service while keeping our billing cost low, we require paperless billing through QUICK-PAY. We simply maintain your credit, debit or check card number on file to satisfy all co-pays, deductibles, and balances not covered by your insurance. Our Patient Finance Counselor will be more than happy to give you more information about QUICK-PAY.

WE ACCEPT ALL MAJOR CREDIT CARDS, DEBIT CARDS, CHECK CARDS AND CASH. WE OFFER CARE CREDIT AND CHASE HEALTH OPTIONS AS OUR EXTENDED PAYMENT OPTION. We can give you details on how to apply.

INSURANCE & INSURANCE COLLECTION:

Please understand that insurance reimbursement can be a long and difficult process for our office. In fact, insurers will routinely stall, deny and reduce payments. To that end, our billing staff has undergone extensive and rigorous training to maximize your insurance reimbursement while reducing the time by which they pay. Please initial next to your category of insurance listed as this will help us to speed up payment and eliminate any confusion in the future. Thank you.

Out-of-Network (PPO) or Indemnity Insurance Plans:

___ We may bill your insurance as a courtesy. Our office, as a convenience and a service to you, will absorb all cost incurred for billing. However, we require that you pre-authorize the "letter for insurance stalls" in order to expedite your insurance payment. If you are a new patient, we may require that you enroll in QUICK-PAY to guarantee your account. In the event that your insurance does not reimburse us within 45 days, we will simply transfer the balance of your account to your credit, debit, or check card. Please indicate your preference.

___ Transfer my balance ___ Call first, I might want to send a check

IN-NETWORK (PPO)

___ We have agreed to accept the discounted rate from your plan, however all co-insurance is your responsibility. We will estimate balance to the best of our ability. Since the balances are estimates only, we recommend QUICK-PAY. After your insurance has cleared, you may leave the balance on your card, or you can send a check. Please indicate your preference.

___ Transfer my balance ___ Call first, I might want to send a check

I authorize Michael S. Yung, DDS to maintain my credit account on file and I assign my insurance benefits to Michael S. Yung, DDS.

Cardholders Signature

Account #

Exp. Date

V-code

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SECONDARY INSURERS

____ Having more than one insurer DOES NOT necessarily mean that your services are covered 100%. Secondary insurers will pay as a function of what your primary carrier pays. We may bill your secondary carrier as a courtesy. You are responsible for any balances after your insurance(s) has cleared.

USUAL & CUSTOMARY RATES

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of the insurance company's arbitrary determination of usual and customary rates.

DIVORCE DECREES

____ This office is NOT a party to your divorce decree. Adult patients are responsible for their bill at the time of service. The responsibility for minors rests with the accompanying adult.

INTEREST & REBILLING FEES

We are not a billing company. We reserve the right to charge interest in the amount of 18% APR as provided by state law. Or, at our option, we may charge a rebilling fee of \$5.00/bill.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

I have read the Financial Policy. I understand and agree with this Financial Policy.

X _____

Date: _____

Signature of Patient or Responsible Party