



Fay Hu DMD's Financial Policy

Thank you for choosing Fay Hu DMD for your dental services and care. Our office is committed to providing you with the highest level of patient care. The payment for services rendered is considered a part of your treatment. The following is a statement of our Financial Policy which we require you to read and sign prior to starting any treatment. Please read carefully and contact us with any questions that may arise.

Appointment Charges

All appointments including Consultations, Exams, and Treatment carry a fee that is charged to the patient. If your insurance company does not pay for the appointment or charges, then it is your responsibility to pay any unpaid or denied balances. We will take our own necessary x-rays on every patient to diagnose what treatment is needed. You can request a quote of charges for your appointment at any time.

Payments Accepted

We accept the following forms of payment: cash, personal check (**with Driver's License and Check Verification**), Visa, Mastercard, American Express, and Discover. We also offer an extended payment plan option through Care Credit and The Lending Club.

All patient portion of fees, insurance co-pays, and deductibles are due at the time that services are rendered. The parent/legal guardian of any minor is responsible for their account. Any checks returned for insufficient funds are subject to an additional \$30.00 fee.

Regarding Insurance

Personal information will be used in order to obtain insurance verification of benefits. Also, personal information will be sent on a claim to the insurance company to obtain payments for any visits. As a courtesy, we will file your claims to your insurance company. Your fees will be estimated on the basis of your primary insurance policy. It is ultimately your responsibility to keep track of any balances or maximums remaining or used from all doctors you have seen. If your insurance maximum is depleted at the time of the receipt of our claim, then you are responsible for your full account balance. **YOU MUST PRESENT YOUR PICTURE ID IN ORDER FOR US TO FILE YOUR INSURANCE.**

Please bring to each visit your current insurance card and/or information.
We will do our best to estimate accurate insurance coverage and patient portions due. However, it must be understood that each PATIENT is ultimately responsible for the cost of services rendered. Your insurance company is required by law to pay on claims within 30 days. Whatever part of your claim that insurance does not pay after 30 days becomes your full responsibility. You are responsible for any fees incurred in obtaining any unpaid balances, which may include billing, collections, or attorney fees. Interest at the rate of 1% per month or 12% per year may be charged on balances unpaid after 90 days.

We appreciate the opportunity to serve your dental needs and welcome any questions you may have regarding our financial policy. By signing below, you acknowledge that you have read, understood, had any questions answered, and agree to abide by this policy.

SIGNATURE _____ PRINT _____

DATE _____

