OFFICE POLICY

Welcome to our office. We will do our best to make sure your visits are as comfortable as possible. Please let us know if there are any special needs or concerns. We are pleased that you have chosen our office for your dental health needs. We strive to provide all our patients with high quality comprehensive dental care at a reasonable fee.

On your first visit, you can expect a thorough examination and review of your oral health including necessary x-rays. Cleanings are usually not done on the first visit unless you ask when you make the appointment.

Your recommended treatment and options will be explained and you will be given an estimate of your cost according to your dental plan. It is difficult to give an accurate estimate of treatment needed until we actually start the treatment. In some cases we are able to give accurate estimates based upon x-rays and visual examinations, however, we cannot be absolutely certain of the scope of work needed until treatment has begun. We will try to give you potential unforeseen treatment needs. We therefore must assume no responsibility to perform services for fees quoted in estimates prior to starting treatment.

After this initial appointment, you will be given a return appointment to begin your treatment. <u>Charges are due and expected in full at the date of service</u>. We accept cash, checks and most major credit cards. As a courtesy to our patients, we will bill your insurance company for services rendered to you. If for any reason your insurance company fails to pay within 60 days from the date of service, we will expect you to pay the balance of your bill in full and seek reimbursement from your insurance company.

It is the policy of this office that all fees are due <u>at</u> the time of service. Under special circumstances, our office manager may make arrangements according to the provisions listed above. Finance charges of 12% per month will be added to all outstanding balances after your balance is over 30 days overdue. Accounts over 60 days will be sent to a collection agency which will negatively affect your credit rating.

As a courtesy to our patients, we will confirm your appointment and expect the same courtesy from you if there is a need to change or cancel your appointment. Please inform us within 24 hours in advance otherwise a charge of \$25 per half hour visit scheduled may be assessed. It is not fair for our office to have an open appointment slot that we can not fill. Just not showing up is not acceptable.

Thank you for taking the time to read our office policy. We hope it'll answer any questions you may have. If you have any questions or concerns or want a copy of our policy, please ask.

"I have read and understand the above office and financial policy, and I hereby agree to abide by the terms herein. I further agree that in the event of nonpayment, I will bear the cost of collections and or court costs and reasonable legal fees, should court action be required."

Patient's signature (Parent/Legal Guardian)

Date

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