

*WELCOME to the family and cosmetic dental practice of
Dr. Tran Nguyen, Dr. Minhthu Nguyen, and Dr. Catherine Hill!*

We are very pleased that you have chosen our office to serve your dental needs. Our goal is to provide high quality dental care for you and your family in a comfortable, low-pressure environment, and pleasant atmosphere. So that we may better serve you, please familiarize yourself with our office policies and sign at the bottom of the page.

Thank you very much.

OFFICE POLICIES

Payment and Insurance

Payment is due at the time of service. If you are covered by insurance, we will file for you, if you provide the necessary information. You are expected to pay your *ESTIMATED* portion of charges at the time of service. You are ultimately responsible for your account. We accept MasterCard, Visa, Discover, checks, and cash. Payment plan arrangements can be made prior to treatment.

Billing

After insurance pays, you will be billed if a balance remains. If payment is not made within 30 days after insurance reimbursement, a \$4.00 late fee will be added to your balance each month.

Returned Checks

There is a \$30 service fee for all returned checks.

Appointments

We offer both weekend and evening hours. We respectfully request at least 24 hours notice, if possible, when canceling or rescheduling and appointment. We reserve the right to charge for appointments cancelled without 24 hours notice.

Children

Children are welcome in our practice. Usually the child can be seen by age two or three. *Parents are encouraged to remain in the waiting area during their child's treatment.* Children who are not being treated should remain in the waiting area.

Referrals

Please let your friends and family know about our office. We are gladly welcoming new patients.

Questions or Concerns

Please always feel free to bring up any concerns or questions that you may have. We are always happy to address these concerns.

INSURANCE RELEASE & PAYMENT AUTHORIZATION

I agree to be **responsible for all charges** for dental services and materials not paid by my dental benefit plan for myself, spouse, and/or my dependent(s) unless the treating dentist has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted under applicable law, I authorize **release of any information** relating to insurance claims.

I hereby **authorize payment** of the dental benefits otherwise payable to me directly to **Nguyen & Nguyen Dentistry Partnership**.

I understand and agree to the policies stated on this page.

Signature _____

Date _____