

**Duke N. Bui, DDS, PS**  
**INSURANCE and FINANCIAL POLICY**

We appreciate the opportunity to serve you. It is our intent to provide you with the finest care possible while ensuring that you fully understand our procedures, treatment, and payment expectations to avoid any potential misunderstandings. To help keep the cost of dentistry affordable and to continue to provide quality care to our valued patients, we ask that you adhere to the following:

**Initial**

\_\_\_\_\_ ► Your dental benefits are based upon a contract made between your employer and an insurance company. If you have any specific questions regarding your dental benefits please contact your employer or insurance company directly. Dental benefit plans will never pay for completion of your dental care. It is only meant to assist you.

\_\_\_\_\_ ► We currently accept all private care insurance plans. This means that we work with literally thousands of companies. Although we can maintain computerized histories of payment by a given company, they do change; therefore it is impossible to give you a guaranteed quote at the time of service. We will provide you with a treatment plan with an estimate of total costs after your initial visit. This treatment plan will also include, in writing, a breakdown of our fees, the estimated insurance coverage, and your portion that will be due at each visit. We would like to emphasize that these are “estimates” based on the most up-to-date information we have, but it is **ONLY AN ESTIMATE**. If you would like to know your insurance benefits, we will be happy to file a “pre-treatment authorization” with your insurance company prior to treatment. Keep in mind this is not a guarantee of coverage. This does delay treatment but will give you the exact out of pocket figures you may require.

\_\_\_\_\_ ► As a courtesy, we will bill your insurance company for you if provided with all the proper billing information. All accounts are due within 90 days regardless of insurance involvement. A 1.0% monthly finance charge will be accessed on all accounts past 60 days. If insurance does not pay within 90 days, we reserve the right to request payment in full for services from you and let you collect the insurance funds that are due to you. This is rare but it is important that you recognize that the insurance you have is a legal contract between YOU and your insurance company. Ultimately, you are responsible for all charges incurred in our office.

\_\_\_\_\_ ► We will be asking you for **PAYMENT IN FULL** for the portion not covered by insurance including deductible if any, **AT THE TIME OF SERVICE**. We accept the following options:

- **Cash & Checks.** We offer a 5% bookkeeping courtesy for existing patients with established payment history who do not have insurance benefits and pay in full at the time of services. If your check is returned due to insufficient funds, we will assess you a \$25 Bank Service Fee. Your account must be paid in full before scheduling your next visit unless prior arrangements have been made.
- **MasterCard, Visa, or Discover.**
- **Two-Payment** option for Crown, Bridge, and Denture treatments. We ask that you pay one-half of your co-pay at the first appointment and the second-half at the seat date appointment.
- If you are in need of an extended finance option, we also work with **CareCredit**, who offers 3, 6, or 12 months “same as cash” or longer terms with an interest bearing revolving charge designed to meet your treatment plan needs on approved credit.
- We allow (with a signed agreement form and established payment history in our office) a **Credit Card In-House Payment Plan**, which allows you to pay one-half of your total treatment cost at time of service, and then make six equal monthly installments for the remaining half by credit card. Our office will charge these payments to your credit card on the monthly due dates.

\_\_\_\_\_ ► A specific amount of time is reserved especially for you, and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require **AT LEAST 24 HOURS NOTICE** to avoid a **\$50/hour cancellation fee**.

Please feel free to ask any questions you may have regarding these policies. We are most willing to help you in any way that we can.

**I agree with the above conditions.**      **Signature** \_\_\_\_\_      **Date** \_\_\_\_\_