



nancy kwon hsieh DDS, MS

## Office Information

Our primary goal and responsibility is to help our patients obtain good dental health and make you and your child's visit to our office a very positive experience. So that we can focus our time and energy on your child, we have prepared this letter to inform you of our office and financial policies.

### *Appointments*

When you make an appointment with us we consider your time as "confirmed" or reserved. As a courtesy, we will be happy to call you prior to your child's visit to see if you have any questions regarding your appointment. Should a scheduling conflict arise, **please notify our office at least 2 business days prior to your scheduled appointment** so that we may reschedule you properly as well as serve our other patients. Because late cancellations may prevent us from being able to appoint another patient during your time, you may be charged an administrative **fee of \$35**. This fee will not be billed to your insurance company.

### *Financial Policy*

**Payment is expected at the time of service.** If you have insurance, you will be expected to make an estimated payment for that portion not covered by your insurance plan. We are sensitive to the fact that families have different needs in fulfilling their financial obligation, therefore, in addition to cash and check, we accept most major credit cards. If special arrangements are needed, please talk to our office prior to receiving service. A late charge of 1 ½ % per month or a minimum late charge of \$10.00 will be added to balances over 60 days past due.

### *Dental Insurance*

As a courtesy to our patients who have dental insurance we are happy to submit the necessary forms. Because insurance policies vary greatly, **we can only estimate your coverage in good faith** but cannot guarantee coverage due to the complexities of insurance contracts. We recommend you contact your insurance company directly to verify your coverage for services. Your estimated patient portion must be paid at the time of service.

It is important to remember that the policy is a contract between you and your insurance company. We will fully attempt to help you receive full insurance benefits; however, you are responsible for your account. If your insurance policy does not pay within 60 days, you are responsible for the entire balance, paid-in-full. Please keep us informed of any insurance changes such as policy name, insurance company address, or a change of employment. For FAQs about insurance, please visit our website at [www.sfkidsdentist.com](http://www.sfkidsdentist.com).

We sincerely thank you for your support and belief in our office. If you have any questions, our courteous staff is always available to answer them.

I have read the above, and I understand and agree to this financial policy.

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Name of Patient

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Signature of Patient or Responsible Party

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Date