



Eric S. Yao, DDS, MAGD

Dedicated Dental Care for Your Family's Good Health

PATIENT FINANCIAL RESPONSIBILITY

Thank you for choosing us for your dental needs. We are committed to providing you with excellent care for your oral health. Being sensitive to the fact that people have different needs in fulfilling their financial obligations, we are providing the following payment options. Please read, sign, and return this policy to the front desk.

Payment Options

- Cash or Check - A bookkeeping courtesy discount of 5% will be given for payment in full by cash or check on the day of the treatment.
- Visa, Master Card, Discover, and American Express.
- Care Credit Financing.
- Payment Arrangements - In-office payment plan can be arranged if needed. Monthly payments are required. Please ask us for details.
- Quality Dental Plan (QDP) - In-Office membership program. Please ask us for details.

Insurance

As a valued patient, you are reminded that your dental insurance policy is an agreement between you and your insurance company, and not an agreement between the insurance company and this dental office. As a courtesy, we will file your insurance claims for you. If you request, we will estimate your deductible and the portion that we feel will be covered by your insurance carrier. **Please understand that any expected payment from your insurance is an estimate only** and that you are responsible for any portion not covered by insurance. We will help you get the maximum benefits due. Do not hesitate to ask about the anticipated cost of your treatment.

Dental Procedures Requiring Lab Work

A 50% deposit is due at or before the appointment scheduled for all procedures that require laboratory work. (e.g. crowns, implant crowns, bridges, partial dentures, complete dentures, relines, night guards, etc.)

Additional Charges

For checks returned for Non-Sufficient Funds, a \$25 fee will be charged to your account.

Late Fee

1.0 % per month interest is charged (12% annual) on all accounts 60 days past due with a minimum charge of \$1

!! 2 BUSINESS DAYS CHANGE OF APPOINTMENT NOTICE !!

Should a scheduling conflict arise, please give our office **at least 2 business days notice** 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, we will need to charge an administrative **fee of \$100** which will not be covered by your insurance. This fee will also be charged if you fail to show up for your scheduled appointment. The fee must be paid **PRIOR** to your next appointment.

Any combination of 3 cancellations given less than 2 business days notice or no shows will result in discharge from this office.

I have read and agree to the above **PATIENT FINANCIAL RESPONSIBILITY** and **2 BUSINESS DAYS CHANGE OF APPOINTMENT NOTICE** policy of Eric S. Yao, DDS, PLLC.

Signature of Patient/Responsible Party

Date