

VIVIAN H. BAE D.D.S.
20710 1ST AVE S.
DES MOINES, WA. 98198

OFFICE FINANCIAL POLICY

Payment is due upon completion of treatment. For your convenience we accept Visa, MasterCard, personal checks and debit cards. We are also pleased to offer Care Credit, an interest free payment option. For patients without dental insurance, we offer a 5% discount if payment is made in full on the day of treatment.

We are happy to help you utilize your insurance benefits by submitting claims on your behalf. However, please keep in mind that dental insurance is a contract between your and your insurer. **The dentist is not a party of that contract and it is your responsibility to know and understand your insurance plan's benefits and limitations.**

Having insurance is not a guarantee of payment. If your insurance has denied or delayed payment on your claim for over 60 days **for any reason**, then payment in full is the sole obligation of the patient or person responsible for the account. An account balance that is still outstanding 60 days from the date of service will accrue a 1% finance charge regardless of delayed, denied or partial insurance coverage.

All co-pays and deductibles will be collected at time of treatment. Payment in full will be expected if insurance eligibility cannot be verified before treatment.

We realize that in some cases, special financial arrangements may be necessary. Please allow us to serve you better by communicating this to us **prior to commencing treatment.**

INFORMED CONSENT DISCLOSURE, ASSIGNMENT AND RELEASE OF INFORMATION

If I consent and elect to proceed with treatment, I hereby authorize my insurance benefits to be paid directly to Dr Vivian H. Bae and understand that **I am ultimately financially responsible for all services rendered.** I further authorize this office to release any medical or dental information or other records, including x-rays, necessary in the conduct and disposition of my case.

I have read the above financial policy and understand my responsibilities as a patient of this practice.

Signature of patient or person responsible for account

Date

Everyone in this office is committed to you and your individual dental needs.

We would like to welcome you into our family, and look forward to serving you for many years to come!