

Dental Practice Policy

Dear Patient:

Welcome to our dental practice! We want to thank you for the opportunity to assist you with your dental needs. Our goal is to provide you with excellent dental care in an efficient and professional manner. Nevertheless, like any business, we have office policies that we must follow so that we can operate in a manner that will benefit our relationship. Our office policy serves as an agreement between Dr. James Y Kim, D.M.D., P.C., and the patient/debtor signed below.

We must have a 24 hour notice if you are unable to keep your scheduled appointment. If you are more than 15 minutes late to your scheduled appointment time, we may have to reschedule. We will make every effort to confirm your scheduled appointment with you. However, it is your responsibility to keep up with your appointment time. **If you fail to give us a 24 hour notice that you will be unable to come to your appointment, it will result in a \$50.00 broken appointment charge and will be billed to your credit card on file. Initials _____**

As a courtesy, we will be glad to file your primary insurance. All co-pays are due at the time treatment is performed. Please be advised that treatment is not dependent on payment by your insurance company. Any fees quoted are an estimate based on information from your insurance carrier, not a guarantee of payment. Insurance claims that are not paid within 45 days become the sole responsibility of the patient. We will be happy to provide you with a copy of the insurance claim that will be submitted to your insurance carrier. You will be responsible for filing any secondary insurance carriers you have.

Return checks, stop payments and credit card charge backs will incur a fee of \$35.00 or 7% of the face amount, which ever is greater, and an amount equal to the charges incurred by the bank.

We thank you for choosing our dental practice and we look forward to a long relationship with you and your family.

Date: _____

Patient/Guardian Signature if under 18