

STACY R. KANDA, D.D.S.

The following is an outline of “Our Practice Financial Policy “. It is our intention to inform our patients as clearly and completely as possible as to our guidelines of payment for services rendered. It is our hope that openly discussing our financial policy will prevent future financial misunderstandings and allow us to concentrate on providing the highest quality dental care and service to our patients at a reasonable fee.

In an effort to do our part to control healthcare costs, we are requesting patients pay their estimated portion of dental treatment at the time of service. For example, if you're insurance covers a procedure at 80%, we ask that you pay your 20% responsibility, at the time of your appointment. We will provide an estimate of your benefits upon request. If you cannot meet the financial obligation at the appointment, please contact our office prior to your appointment to make alternative financial arrangements.

As a courtesy to you, we are happy to file the necessary insurance forms to see that you receive the full benefits of your coverage, however, we make no guarantee of any estimated coverage. Because the insurance policy is an agreement between you and the insurance company, we ask patients still to be responsible directly for all charges. Please know that we will do everything possible to see that you receive the full benefits of your policy. (NOTE: Please monitor your benefits and annual maximum.)

We accept checks, cash, Visa, MasterCard and Discover Card and American Express. We also offer Care Credit Plan. Any returned checks will be billed back to your account with an additional \$25 service charge. We do not automatically redeposit NSF checks without first speaking to the patient.

If you are a full-time student (over 18 yrs) we will gladly submit to your parent's insurance plan. However, you will be listed as the account holder and will be billed as such. In the situation of separation or divorce, we will bill the parent who has brought the child to the office. We will submit to any insurance company involved (up to two insurance plans only) but require complete insurance information at the time of treatment.

Please remember that once an appointment has been made, this time is reserved specifically for you. No charge will be made for rescheduling an appointment, provided 24 hour notice is given for appointments of and hour or less. We ask for 48 hour notice for appointment of 1 ½ hours or more. A minimum charge of \$89.00 per hour will be incurred in the absence of the 24/48 hour notice.

Our goal with each of our patients is to help you enjoy the benefits of excellent oral health, to have an attractive smile, healthy gums and strong natural teeth to keep all your life. All of these goals are possible in our office. We provide high quality, affordable dental care. If you have any questions or concerns feel free to contact our office at (253)661-2222

Signed \_\_\_\_\_ Date \_\_\_\_\_