



THE TEETH DOCTOR  
FAMILY DENTISTRY

## Office Policy

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_\_

Welcome to The Teeth Doctor, office of Dr. Galang T. Vu. The following is an outline of our Office and Payment Policy.

- Please notify our office when you have a change of address or phone number.
- We will make our best efforts to confirm your appointment via phone, text, and email prior to your appointment. It is ultimately the responsibility of the patient to keep or cancel the appointment even if we unable to contact you for confirmation.
- **24 HOUR NOTICE IS REQUIRED WHEN CANCELLING AN APPOINTMENT.** FAILURE TO CANCEL WITHIN 24 HOURS OF YOUR SCHEDULED APPOINTMENT WILL RESULT IN A \$25 FEE PER MISSED APPOINTMENT.
- We will not reschedule you for an appointment if you have (3) or more broken appointments.

### INSURANCE

- We will gladly file your insurance as a courtesy and accept assignment of benefits. However, if the dental insurance company does not pay after 60 days, it will be your responsibility to pay The Teeth Doctor, LLC for the remaining balance as well as refiling the claim with your insurance provider.
- You are responsible for your deductible and coinsurance at the time of treatment.
- You are responsible for payment of any amount over your annual maximum allowance which includes services at this office and those of other offices.

### PAYMENT POLICY

- The patient's estimated total and any outstanding balance is due prior to treatment. We accept Cash, Care Credit, Visa, Master Card, and AMEX. We do NOT accept checks.
- Should legal action be required to collect on past due balances, the guarantor agrees to pay legal fees and / or reasonable attorney fees incurred by the holder in such action.

Please inquire with our staff if you are uncertain about the subjects outlined above. Your signature certifies that you understand and will comply with this policy.

***I HAVE READ AND FULLY UNDERSTAND THE ABOVE POLICY.***

Patient or Guarantor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_