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Financial Policy

In order to avoid any confusion or misunderstanding with respect to our office payment policy and your financial responsibilities, the following terms have been outlined. These guidelines have been carefully formulated and found necessary in order to efficiently manage payments, insurance reimbursements and ultimately control your health care costs. Please read this policy carefully and feel to direct any questions to our office manager.

What You Can Expect From US

We will clearly explain your treatment options, risks and benefits of your treatment and dental materials to you and provide a written estimate of treatment and fees for you. Any changes in treatment or fees will be discussed as it occurs.

Patient Responsibility

We ask that fees for services be paid at the time of your office visit unless other arrangements have been made in advance of treatment. We offer a number of payment options for your convenience including payment by cash, check, Visa, Mastercard, Discover Card or Care Credit.

We ask that any difficulties with agreed payment arrangements be discussed immediately with our office manager.

We invite patients to discuss treatments or finances issues to ensure a clear understanding prior to beginning treatment.

All appointments times are reserved exclusively for you. When an appointment is cancelled without sufficient notice, it does not allow us the opportunity to offer that appointment to someone else who has been waiting to come in and this also directly affects our overhead costs. Please call our office to give **at least 48 hours** notification if an appointment cannot be kept. Otherwise your account may be subject to a **minimum fee of \$125 per hour** scheduled broken appointment charge.

A finance fee of 1.5% per month (18% annually) will be charged to all outstanding balances that are 60 days or older. A minimum monthly interest fee would be \$5.00.

Account balances are due upon receipt of a billing statement from our office. A monthly late fee of \$25.00 may be charged to your account if the balance in full is not paid within 30 days of receipt of the billing statement. If you have an approved financial agreement with our office, your account will be subject to this monthly \$25.00 late payment fee and any collection charges that may apply. *Duplication of x-rays are subject to a \$75 fee, which must be paid in full before duplication can take place.*

Please be informed that photos taken are considered office's property and can be used for dental presentations not limited to treatment planning.

For Our Patients With Dental Coverage

As a courtesy, we will gladly submit dental claims for you to your insurance carrier. However, we do request that you pay your estimated portion at the time services are rendered.

Please understand that any verbal information obtained from your insurance carrier is not a guarantee of benefit payment as your coverage is subject to several factors such as eligibility on the date services are performed, plan limitations and/or exclusions plan maximums and deductibles. Our estimates as to the extent of your insurance reimbursement can in no way be interpreted as a final ruling.

While we call to verify your initial eligibility and benefits with your insurance carrier, it is the patient's or responsible party's responsibility to alert our office if there are any changes to insurance coverage prior to treatment.

We will assist you and do our best to obtain proper reimbursement from your insurance for any service performed. However, patient or responsible party (if patient is a minor) is responsible party (if patient is a minor) is responsible for ALL fees regardless of insurance coverage.

We ask that all patients provide written information about their insurance coverage, including identification cards and insurance forms.

I have read and understand the above financial policy and agree to its terms and conditions.

Patient's Signature or Responsible Party
if Patient is under 18 years of age

Date

Administrative Staff

Date