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OUR FINANCIAL POLICY

Thank you for choosing us as your child's dental health care provider. We are committed to your child's treatment being successful. Please understand that payment of your bill is considered part of the treatment. The following is a statement of our financial policy which we require you to read and sign prior to treatment. All parents must complete our Patient and Family Information and Health History form.

Our policy is as follows:

- Full payment is due at the time of service.
- We accept cash, checks, Debit, or Visa/Mastercard/Discover Card.
- We offer an extended payment plan with credit approval.

Regarding Dental Insurance

We may accept assignment of insurance benefits for your child's visit. However, we do require full payment of the deductible and/or your estimated co-payment at time of each service. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us your full insurance information. Please understand that your insurance policy is a contract between you and your insurance company and reimbursement levels are dependent upon the premiums you pay and the benefits your company negotiates. We are not a party to the contract.

In the event that we do accept assignment of benefits and your insurance company has not paid within 45 days, you will be responsible for the total amount of your balance. A service charge of 1.5% per month will be assessed for accounts past due. Please be aware that some, and perhaps all of the services provided may be non-covered and not considered reasonable and necessary by your insurance company

Usual and Customary Fees

Our practice is committed to providing the best possible dental and oral health care for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's determination of "usual and customary fees." Insurance companies may calculate their usual and customary fees by determining limitations on the extent or nature of treatment or services that may be provided for your child.

Responsibility for Fees

The adult accompanying a patient and the parents (or guardians, legal or otherwise) are responsible for full payment.

Missed Appointments

Because time is reserved for your child, a fee may be assessed for a missed appointment not canceled at least 24 hours in advance. Special Saturday appointments require 1 week cancellation notice (Monday prior to the appointment). Please help us serve your child better by keeping scheduled appointments.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns. We are happy to provide any answers and are committed to making your child's and your visit as pleasant and educational as possible.

I have read, understand, and agree to this Financial Policy.

Signature of responsible party

Date