Kwon
FAMILY DENTISTRY

Financial Guidelines

Welcome to our practice. We are committed to providing you with the best possible dental care. It is our goal for our clients to clearly understand their treatment needs, as well as their financial responsibility before treatment begins. We would like to make your dental treatment affordable for you. If you have insurance, we are willing to help you receive your maximum allowable benefit. In order to achieve these goals, we ask for your assistance.

- We will bill your insurance company for your dental treatment. We ask that you please provide us with accurate information at the time of your appointment
- We ask that the parent bringing in a child pay for all treatment and/or co-payments at the time of treatment regardless of custody agreements.
- We ask that you pay by cash, check or credit card for all estimated co-payments at the time of treatment. For estimated co-payments greater than $200.00, we would be happy to assist you in making a financial arrangement.
- For our patients without insurance or for treatments which are not covered by insurance, we offer a 10% courtesy reduction for payment in full by cash or check on day of service.

Agreement of Financial Guidelines

I request and authorize Dr. Kwon to provide me with dental care. I understand that I am personally responsible for the charges for the services I receive.

I agree to make full payment for services I receive. I understand that regardless of dental insurance benefits, any treatment I receive is my financial responsibility. I agree to pay all reasonable attorney fees and costs of collection incurred by Dr. Kwon if my account is not paid as agreed.

I hereby authorize Dr. Kwon at his discretion, to bill my insurance carrier and any other persons or parties who may be liable for payment of these services. I also authorize my insurance carrier to make payment directly to Dr. Kwon.

Your signature below will acknowledge that you have read and understand our financial guidelines.

Signature _____ Date _____