

Steven H. Ghim, DMD, PLLC
Appointment and Financial Agreement

Welcome to the dental office of Dr. Steven H. Ghim. Thank you for choosing our office for your dental care. Our priority is to work with you to achieve and maintain optimal oral health. Please take a moment to read and sign our appointment and financial agreement. Should you have any questions please don't hesitate to ask us. We are here to help and look forward to serving you.

Dental Insurance And Payment

- As a courtesy to you, we will file dental claims on your behalf to your insurance company. All claims are checked for accuracy and filed promptly on the date of service.
- We are experienced professionals who will strive to always provide the most accurate estimates for cost of treatment based on information provided by your insurance company. Please understand that dental insurance is a contract between you and your insurance company. It is your responsibility to know and understand the benefits and limitations of your contract with them.
- Any procedures not covered by insurance are paid in full at the time of service. For procedures that are covered partially by your insurance you will be expected to pay in full any applicable deductibles or coinsurance at the time of service. Payment is expected from your insurance company within 30 days. If payment from your insurance company is not received within 45 days you will be responsible for the remaining balance at that time.
- Your insurance company will always provide you with an explanation of benefits that were paid to our office on your behalf. In addition we will send you a statement for any amount that was not paid by your insurance company. Accounts that are not paid or have not made satisfactory payment arrangements within 30 days are subject to a 20% statement charge per month. If it is necessary to send an account to collections there will be a collection fee equal to 35% of the outstanding balance on the account added to the balance. Any checks returned unpaid by your bank will be charged a \$30.00 returned check fee and future payments will need to be made by cash or credit card.

Appointments

- When you reserve time in our office for treatment we reserve the time necessary for your treatment just for you. We never "double book" our patients. We have a room prepared and our staff available for you only.
- In order to provide you with the best possible service, you will receive a courtesy phone call from our office several days in advance of your appointment as confirmation of your reserved time.
- We understand that our patients have many responsibilities that may affect their schedule. We must ask for mutual respect of each other's time. We will do our best to inform you of how much time will be needed for your treatment and commit to your reserved time. We ask that you respect our time and our other patient's time by keeping your reserved appointment. We have many patients that need treatment, and a waiting list for certain appointment times.
- Should an emergency arise and you need to reschedule an appointment, we require two business days advance notice to reschedule. In our office, business hours are Monday through Thursday 7:00am-3:00pm.
- Appointment changes must be made by speaking with our office administrator, as we do not accept appointment changes on our voice mail.
- We are committed to seeing all of our patients at their reserved time. If you arrive late for your appointment, we will check our schedule to see if time permits us to complete any or all of your scheduled treatment, without inconveniencing our other patients. It is possible that the appointment may need to be rescheduled.
- Please understand that repeated cancellations outside of the two business day advance notice will be subject to a \$50.00 broken appointment fee.

I have reviewed the above agreement and accept the terms stated. I understand and agree that I am responsible for payment of all treatment received. I understand and agree that all insurance estimates provided to me are only estimates based on information provided by my insurance company and that I am responsible for any amount that is not paid by my insurance company.