

JUSTIN FAMILY DENTISTRY, P.A.
DR. KEVIN NGUYEN, D.D.S.
DR. BRANDON BRUGLER, D.D.S.
536 S. FM 156, JUSTIN TX 76247

OFFICE AND FINANCIAL POLICY

Thank you for Choosing Justin Family Dentistry for your dental needs. We are committed to providing you with excellent care and realize that convenient financial arrangements are a part of successful results. Our financial agreements are based upon an open and honest discussion of recommended of recommended treatment options, respective fees, and our patient's financial capabilities.

PAYMENT

Payment in full is due and expected at the time of service unless prior financial arrangements have been made.

Please be prepared to settle your financial obligation **before leaving the office.**

We offer these payment options:

1. We accept Cash, Visa, MasterCard, Discover and American Express
2. We Offer pre-payments
3. We accept Care Credit

INSURANCE

Our office is committed to helping our patients maximize their benefits. As you may be aware, medical and dental insurance is becoming extremely complex. We are always available to answer your question, however, **be aware that your insurance policy is a contract between you and your insurance company. As a dental provider, we are not part of that agreement.** We strongly recommend that you become familiar with **your** policy. **Your option of charges must be paid at the time of service.** We ask our patients to provide us with complete dental insurance information. As a **complimentary service to you** we will bill insurance companies. We allow them thirty days to render payment in full. If we have not received payment after 45 days, you will be responsible for the entire balance. The quality of insurance policies varies greatly, therefore, we can estimate your coverage in good faith, but cannot guarantee coverage due to the complexities of insurance contracts.

MINORS

Payment for services for the treatment of minors can be made by credit card, cash or pay by phone and is the responsibility of the adult accompanying that minor. **Please be advised that we will not treat any minor children unless a parent or guardian remains in the premises and a written consent is signed by the parent or guardian.** If anyone other than a parent or guardian brings a minor to their appointment, we must have prior written authorization signed by the parent or guardian and witnessed by a staff member before we will proceed with authorized procedures.

MISSED APPOINTMENTS

Once an appointment has been made, please remember that this time has been **reserved specifically for you.** We reserve the right to charge a fee for all cancelled or missed appointments without a 24 hour notice.

SERVICE CHARGES

It is the policy of this office to apply a billing charge of \$2.00 to all accounts with a balance over 30 days past due and to every billing cycle thereafter. We charge \$30.00 for Returned/Non-Sufficient Fund checks.

COLLECTION SERVICE FEE

Delinquent accounts turned over to our outside collection service will be charged a \$25.00 processing fee to be billed to and payable by the account's responsible party.

FINANCIAL CONSENT

The patient (account holder) agrees to be fully responsible for the total payment of treatment performed in the office.

I have read the above office and financial policy and understand my obligations.

SIGNATURE _____ **DATE** _____

I acknowledge that I have received a copy of this office's Notice of Privacy Practices.

SIGNATURE _____ **DATE** _____