



## Steven Tsuchida, DDS

### Financial Arrangements and Office Policy

#### **For All Patients:**

A payment for a service is expected at the time the service is provided. If treatment requires multiple appointments, payment may be divided over the number of appointments. Cash, personal checks, Visa, MasterCard, American Express and Discover are all accepted. If an extended payment plan is desired, please ask us about our third party billing (finance) program. A 5% senior citizen discount is also offered, but cannot be combined with the 5% full cash discount. All unpaid accounts will be assessed a 1.5% monthly finance charge after 60 days. Delinquent accounts over 90 days could be referred to a collection agency. All fees incurred from the collection agency will be charged to the account. If legal actions is necessary then all fees are the responsibility of the patient.

#### **For Patients with Dental Insurance:**

We accept most dental insurance. We will estimate your deductible and the portion not covered by your insurance. Our estimates may differ somewhat from your insurance company's calculations; therefore the amount due our office may be adjusted accordingly. All procedures that are not covered by insurance are ultimately the patient's responsibility.

#### **Office Policy:**

If the need to cancel a scheduled appointment arises, we request 48 hours notification. Appointments cancelled within 48 hours or "No-Show" appointments will result in a \$50 fee charged to your account. Two no-shows can result in dismissal

Please turn off all cell phones prior to entering the treatment area. Again, interruptions of dentist and assistant can affect the quality of treatment.

#### **Patient Privacy:**

Our practice is committed to securing the privacy of your health information. Accordingly, we have provided you with a copy of our practice's **Notice of Privacy Practices**. You are not required to read this notice. However, we would like your acknowledgement that you received this **Notice of Privacy Practices**.

Signed \_\_\_\_\_ Date \_\_\_\_\_

#### **Our Promise:**

**Thank you for choosing our office as your oral health care provider. We are a "patient-centered" dental office and provide comprehensive, modern dental care to our patients. We strive to maintain our standards through patient service, professionalism, compassion, efficiency, and continuing education. Every staff member takes pride in achieving high standards in dental excellence and values forming lasting relationships with our patients. We are honored to have you as our patient and will make every effort to exceed your expectations.**

**Steven Tsuchida, DDS and Staff**

Print Name \_\_\_\_\_

Signature and Date \_\_\_\_\_