

Dr. Rebecca Lee, D.D.S.
11200 Corbin Avenue, Suite 108
Northridge, CA 91326
(818) 831-8252

**ACKNOWLEDGEMENT OF OFFICE POLICIES
FOR DR. REBECCA LEE, D.D.S.**

Welcome to our office! We appreciate that you have chosen Dr. Lee Pair to care for your child's dental needs. We feel strongly that everyone benefits when definite financial arrangements are agreed upon. Therefore, we have prepared this material to acquaint you with our general office policies. Thank you!

I. Payments and Charges:

1. In order to minimize our treatment fees, patients will be required to pay for all services rendered on the day of treatment. If you have insurance, you will only be required to pay the deductible, copayment, and non-covered procedures at the time of each visit.
2. We will attempt to give you an accurate estimate of our total fees at the onset of your child's treatment. Should your child's treatment needs change, the total fees will be adjusted.
3. To avoid missed appointment charges, we request that you cancel at least 24 hours prior to the appointment so that we may offer the appointment to another child. Failure to cancel in time will result in a \$50 charge. We greatly appreciate your help with this.
4. I.V. and oral sedation appointments will require a \$550 deposit in order to reserve a specified time. (See I.V. sedation policies.)

II. Insurance

1. Our professional services are rendered to a patient, not to an insurance company. Although we will bill your insurance company for you, you are ultimately responsible for paying your account. We will do our best to provide an accurate estimate of what coverage you may expect from your insurance company, but we do not assume responsibility for insuring your coverage.
2. We will also make every effort to accurately estimate your insurance copayment. Please realize, however, the insurance estimate will be limited by the amount of information your insurance company is willing to divulge (for example, your insurance company may have specific exclusions/inclusions on coverage or operate on their own fee plan that they do not release to dental offices.) If there is a balance remaining following insurance payment, you will be billed and payment is expected when billed.
3. Should your insurance company reimburse you directly (e.g., Blue Shield), payment will be expected in full at the time of each visit when treatment is rendered.

4. Please understand that dental insurance is only intended to be an aid to attaining optimal dental health. All plans vary with regard to the amount of coverage allowed. The financial obligation for treatment is between you and this office and not dependent upon your insurance coverage.
5. Your insurance benefits are not determined by our office. They are determined by the type of plan chosen by you or your employer. Your particular plan may base its dollar allowance on a fee schedule which may not coincide with current acceptable fees. Deductibles, co-insurance factors, and yearly maximums combine to reduce the benefits you ultimately receive. Please read your policy. We will do our utmost to see that you receive the maximum benefits within the structure of your particular plan.

III. Overdue Accounts:

1. Payment arrangements can be made in advance with the office in order to keep your account current.
2. Unpaid accounts over 90 days will be promptly sent to collections! In addition, a finance charge of 1.50% per month will be added to the total balance. If it becomes necessary to effect collection, the undersigned agrees to pay all cost and expenses, including reasonable attorney fees. Please help us in keeping your accounts current.

IV. Parents:

Our goal is to involve the family in dental health education. In consideration of this goal, we require that a parent or legal guardian remain in the office for the entire appointment.

I have read and understand the office policies listed above and agree to adhere to them. My signature below authorizes the assignment of my insurance benefits to be paid directly to Dr. Rebecca Lee Pair for services administered to my child.

Responsible party signature: _____

Relationship: _____ Date: _____