



7509 Draper Ave.
La Jolla, CA 92037
(858) 454-8484

WELCOME TO OUR PRACTICE

Thank you for choosing La Jolla Family Dentistry as your new dental home. As a new patient it is necessary to gather as much information about you as possible. At your initial appointment, we will take radiographs, do a comprehensive exam and if possible do a teeth cleaning.

OUR FINANCIAL POLICY

After your comprehensive evaluation the doctor will go over in detail the plan specific to your needs. You will receive a written estimate and complete description of recommended treatment. The office manager will work with you to maximize your insurance benefits and choose from one of the following payment methods:

- Payment at time services are rendered by cash, check, or credit card.
- Monthly payment plan at the time of service through an outside payment program on approved credit.
- All fees are due at the time services are rendered.
- If your check is returned due to insufficient funds, you will be charged a \$50.00 return check fee.
- Accounts considered past due after 60 days are subject to interest being added to the balance of 5% monthly.

PATIENTS WHO ARE MINOR

Payment of services for the treatment of minors is the financial responsibility of the adult accompanying the minor. Payment can be made by one of the above mentioned options.

MISSED APPOINTMENTS

Our policy is to charge for missed appointments unless called 48 hours in advance. Missed or failed appointment for hygiene (cleaning) appointment will be a charge of \$50.00. Missed or failed appointments for the doctor will be \$100.00. A missed appointment affects several people involved. Our practice is respectful of your time and we appreciate that you would adopt the same philosophy towards us. This policy assists us to serve the needs of all our patients.

INSURANCE

All patients must complete new patient information and insurance forms prior to be seeing the doctor. As a service to our patients we will assist you with the completion of your insurance claim forms. In order to provide this service, we request complete and accurate insurance information (such information can include and not limited to social security number and insurance member identification number). Policies vary, and we strive to help you get the maximum benefits from your insurance. Please keep in mind that you are responsible for the total treatment plan cost should your insurance benefits result in less coverage than anticipated. We allow up to 60 days to receive payment from your insurance company. At the end of 60 days, the entire balance is due and payable in full by you. Your insurance policy is a contract between you and the insurance company. As a dental provider, we are not part of that agreement. We require payment of your estimated portion at each visit.

RELEASE OF RECORDS

If you are moving or switching dental providers, there is an \$80.00 charge to release your records (radiographs). Request must be submitted in written form and authorize for the release of your information. For CT scans, there will be a \$250.00 charge. Payment is expected prior to releasing your records.

I UNDERSTAND AND AGREE TO THE INFORMATION PROVIDED IN THIS DOCUMENT.

PRINT NAME

SIGNATURE

DATE