Kenneth Y. Natsuhara, D.D.S.
3031 W. March Lane, Suite 340E
Stockton, CA 95219

FINANCIAL POLICY

We are committed to providing you with the best possible care. If you have dental insurance we are always available to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our financial policy. Your clear understanding is important to our professional relationship. Please ask if you have any questions about our fees, financial policy or your financial responsibility.

Payment is always due at the time services are rendered, unless payment arrangements have been approved in advance. Minors **MUST** be accompanied by an adult for all treatment.

We accept **CASH, CHECKS, VISA, MASTERCARD, AMERICAN EXPRESS AND DISCOVER** cards. Financing is also available upon request through **CareCredit** prior to treatment.

In most instances we accept assignment of insurance benefits, in which case, your portion of each service is due at the time services are rendered. Those who have dual coverage should discuss their payment responsibility, if any, with our financial coordinator. We will gladly discuss your proposed treatment and answer any questions regarding your insurance coverage.

YOU MUST ALSO REALIZE THE FOLLOWING:

1. Your insurance is a contract between you, your employer and the insurance company

2. Our fees are generally considered to fall within the acceptable range by most insurance companies, and therefore, are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay their portion based on "UCR" which is defined as Usual, Customary and Reasonable fees for this region. This statement does not apply to companies who reimburse based on arbitrary fee schedules, which bears no relationship to the current standard cost of care in this area.

3. Not all services are a covered benefit under all insurance policies. Covered benefits are determined when your employer chooses the benefit package.

4. Should your insurance take longer than 60 days to pay, we ask that you take care of the balance due and then be reimbursed when we receive the insurance payment

5. Returned checks are subject to an additional fee

6. Finance charges of 1.5% per month (18% annually) will apply to any balance 90 days and older

7. Charges may be incurred for any appointments that are cancelled or rescheduled without **48 hours notice**.

We must emphasize that as dental care providers, our relationship is with you not your insurance company. While the filing of the insurance claims is a courtesy that we extend to our patients, all charges incurred are your responsibility from the day services are rendered. We realize that temporary financial hardships may affect timely payment on our account. If such problems arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions about the above information or any uncertainty regarding your insurance coverage, please do not hesitate to ask us.

Responsible Party Signature____ **Date**________________