



Michael K. Chung, D.D.S.

2946-E Chain Bridge Road, Oakton, VA 22124 • t.703.319.6990 • f.703.319.9690 • www.softouchdentalcare.com

FINANCIAL POLICY FOR PAYMENT OF DENTAL SERVICES

We are committed to providing you with the best possible dental care. In order to achieve these goals, we need your assistance and understanding of your payment policy (ies).

Payment in Full – You are responsible for payment of all services rendered on behalf of you or your dependents. We accept cash, checks, Visa, Mastercard, Discover, and American Express. As a courtesy, we are happy to assist you in verifying your insurance benefits and in submitting your insurance claims. Reimbursement from your insurance company will be sent directly to you.

Financing – For those who might desire extended payment plans, we participate with *Enhance Patient Finance*, *Dental Fee Plan* and *Care Credit*, a healthcare line of credit which can be applied for in our office.

Returned Checks – A fee of \$35.00 will be charged for any returned checks.

Broken Appointments – We reserve the right to charge a broken appointment fee of \$90.00 for each hour that is scheduled of the doctor's time for failure to cancel an appointment, without a **48-hour weekday notice**. Weekends are not counted as adequate notice time.

Collections – I understand I am responsible for the full balance. In the event my account is placed with a collection agency and/or attorney, I understand I am responsible for any and all collection fees, court costs, suit fees, etc.

Thank you giving us the opportunity to serve your dental needs. If you have any questions about this form or any of our services, please let us know.

Signing below indicates that you have read and understand our Financial Policy for Payment of Dental Services.

Print Name

Signature

Date