

Office Financial Policy

Thank you for choosing Drs. Weiner and Lim as part of your health team. We are committed to providing you with state of the art, quality care in a compassionate and timely manner. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy that we require you to read and sign prior to any treatment.

FULL PAYMENT IS DUE AT THE TIME OF SERVICE.

WE ACCEPT CASH, CHECKS, VISA, MASTERCARD AND DISCOVER.

Regarding insurance:

We do not accept assignment of benefits from your insurer. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Please be aware that some and perhaps all of the services provided may be non-covered services and not considered reasonable and necessary under dental insurances terms and conditions.

We are non-participating in all insurances. We will mail the claim to your insurance carrier. It is your responsibility to follow up with them in regards to your reimbursement.

Maintaining additional staff to stay current with the policies of the thousands of plans of the numerous insurance companies would prevent our office from providing cost-effective treatment at our required standards of care.

Usual and Customary Rates:

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our specialty services in our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

I have read the Financial Policy. I understand and agree to this Financial Policy.

I understand that an appointment for any dental treatment is considered to be time reserved with the doctor or the doctors' staff. I understand that I must give at least 24 hours or one business day advance notice to cancel or change an appointment or a charge will be made for the time reserved.

Signature of Patient or Responsible Party

Date