



Terrence Y. Lau, DDS
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Our Financial Policy

Thank you for choosing us as your dental care provider for your child. We are committed to your child's treatment being successful. Please understand that payment of your bill makes it possible for us to remain a viable dental practice. The following is a statement of our Financial Policy which we require you to read and sign prior to dental treatment.

Payment in full is expected at the time of treatment. Any delinquent account beyond ninety days will be assessed 18% interest until the remainder balance is paid in full. We accept Cash, Checks or Visa/MC.

A 25\$ fee will be assessed to the family's account for any returned checks.

Dental Insurance

It is important that you provide us with accurate information so we may assist you in filing your dental claims promptly. You will be required to pay your portion the day of treatment. We cannot accept responsibility for collecting insurance claims or for negotiating a disputed claim. Insurance reimbursement is a contract between you and your carrier. You are responsible for payment of your account. If your insurance does not pay within 60 days we shall expect payment in full from you.

Usual and Customary Rates

Our practice is committed to provide the best treatment for your child and our fees are accepted as our usual and customary. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Minor Patients

The parent or Guardian accompanying a minor is responsible for full payment at the time of visit.

Appointments

As a courtesy we ask that families call our office with advance notice if an appointment can not be kept. Any broken appointment without 24 hour advance notice will result in a \$50 broken appointment fee assessed to the family's account.

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

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

Signature of responsible party

Date