



Written Financial Policy

Dear Patient:

Thank you for choosing us as your dental health care provider. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options. If you have any questions or concerns about payment policies, our staff will be more than happy to address them.

We ask that all patients read and sign our Financial Policy as well as complete our Patient Information Form prior to seeing the Doctor.

Payment for service is due at the time they are rendered unless prior financial arrangements have been made.

Payment Options:

- We accept cash, check, and credit cards. Post-dated checks are not accepted. (There is \$20.00 charge for all returned checks. Thereafter, checks will not be allowed as form of payment).

We offer a 5% courtesy accounting adjustment to patients who pay for their treatment with cash prior to completion of care for treatment plans of \$500 or more.

- NO INTEREST¹ Payment Plans² from **CareCredit**
 - Allow you to pay over time with NO INTEREST
 - Convenient, low monthly payment plans also available.
 - No annual fees or pre-payment penalties.

Please Note:

Jade Ong DDS requires payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

For those who have dental insurance (NON – HMO) we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.³

We require **24-hour notice (48 hours for 2 people) for any appointment cancellation. We will charge \$40.00 for each appointment missed or canceled with less than 24-hour notice.** This charge is not covered by insurance. It will be necessary for the fee to be paid prior to making additional appointments.

Patients requesting duplicate copies of dental records, and x-rays need to give 1-week notice and will be subject to a \$25.00 charge.

We do not send bills of any kind, unless prior financial arrangements have been made.

Remember this account is your responsibility whether your insurance pays or not. If your account is not fully paid within 90 days of the date of services we will assign your account for collection. If it is necessary to assign your account to a collection agency and/or attorney, you will be responsible for all collection agency fees, attorney fees and associated cost. I understand the above policy and sign and date as follows.

Patient or Guardian _____ Date _____

¹ If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required.

² Subject to credit approval.

³ However, if we do not receive payment from your insurance carrier within 30 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.