Vu Le, DDS

Our 9 Simple Patient Guidelines

Revised 9/2/06

- Appointments -

1. **Please arrive on time**. Call us if you are running late. If you are more than 15 minutes late to your appointment, your treatment may have to be delayed or even rescheduled. Missing appointments wastes valuable staff time and delays treatment for others.

2. ***At least* 24 hours cancellation notice** better allows us to fill your appointment time. It's very difficult to fill an opening at the last minute.

3. **Dr. Le is on-call after hours for true dental emergencies**. The emergency contact number is listed on our voice mail greeting. If you have a medical emergency, please call 911 and deal with your teeth later. Emergency services may be subject to an after-hours office surcharge.

- Payments -

1. **Payment is due on the same day that services are rendered**. We accept cash, checks, debit, Visa and MasterCard. Low-to-no interest payment plans are available through CareCredit. Past due balances may be subject to finance charges.

2. **The adult who brings in a child is responsible for payment on the day of service**. Any other arrangement must be made *in advance*.

3. **Credit balances** are promptly refunded by check within 7 days of patient request.

- Dental Insurance -

1. **We must collect your estimated co-pays and/or deductibles** as required by insurance company policy, California State Law, and the CDA Code of Ethics. Blue Cross/Shield must pay in full because the benefit check will be mailed directly to the subscriber.

2. **You are ultimately responsible for all unpaid fees for services rendered**, regardless of what the insurance company chooses to reimburse or to deny.

3. While we may check your eligibility and benefits as a courtesy, **it is ultimately your responsibility to monitor and to maintain the status of your insurance policy**.

I agree to all of the above policies and accept financial penalties if I abuse or break them. I permit Dr. Le's office to collect applicable insurance benefits on my behalf, accepting full responsibility for all unpaid fees. Finally, I have been presented with the latest Notice of Privacy Practices and the "Facts About Fillings" Brochure.

Print Patient's Name Here

X

Signature | If different from patient, print name here | Today's Date