

Harold Perlaza, D.D.S
Cosmetic Dental Studio
Where Smiles Change Everyday!®

Office Policy

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Office Policy in which we require you to read and sign prior to any treatment.

- Full Payment is due at time of service.
- We accept cash, checks or credit cards.
- We offer an extended payment plan with prior credit approval.

Regarding Insurance

We may accept assignment of insurance benefits for some patients. However, we require your estimated co-payment to be paid at time of service. The balance is your responsibility whether your insurance pays or not. Your insurance policy is a contract between you and your insurance company. **We are not a party to that contract.** If your insurance company has not paid your account in full within 45 days the balance will be automatically billed to you and due immediately. A 1.5% charge (18% per year) will be added to accounts not paid in full after 90 days. If legal action is required to obtain payment, our office is entitled to actual attorney fees.

Usual and Customary

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

Missed Appointments

If you are unable to make the appointment that you have scheduled with us, **please notify us at least 2 business days in advance, or a charge of \$75.00 for hygiene and/or \$100.00 for Dr Perlazas hour scheduled time will be added to your account.**

Please let us know if you have any question or concerns.

I have read and understood the Office Policy and agree to be responsible for all charges.

Signature: _____ Date: _____

I authorize this as my "signature on File" for future insurance billing.

Signature: _____ Date: _____