



**Dr. Man Sunwoo, DMD**

### **Office Policies**

It is our goal to provide you and your family with the highest quality dental care while maintaining a friendly and relaxing environment. In order to keep such high standards, we ask that you observe the following guidelines.

#### **Payment & Office Policies**

##### *Cost*

The cost of treatment depends on the severity of the patient's problem. You will be able to discuss fees and payment options before treatment begins. We have payment plans to suit different budgets. We also accept assignment from most insurance plans, and as a courtesy to you will file the necessary papers to the insurance company.

##### *Fees*

In an effort to keep your fees down while maintaining the highest level of professional care, we have established this financial policy:

- Full payment (minus any estimated insurance) is due at the time of treatment
- For your financial convenience, we offer many different extended payment plans, some even interest free, through CareCredit. Please inquire with our staff or visit their website at [www.CareCredit.com](http://www.CareCredit.com)
- We will also accept payment via VISA, Mastercard, American Express, Discover, personal check or cash.

##### *Insurance*

If you have insurance, we will help you to determine the coverage you have available. We will help in every way we can in filing your claim and handling insurance questions from our office on your behalf. Please be aware that any portion left unpaid by your insurance company after 60 days will be your responsibility. **If your insurance company denies a claim, that portion will be expected upon denial. We will help you to appeal the claim, however, the balance is ultimately your responsibility.**

##### *Cancellation Policy*

Each appointment scheduled is a time that is reserved especially for you and your dental care. We will strive to see you on time at each appointment and ask that in return you are on time to your appointments. If you need to reschedule your reserved time with either Dr. Sunwoo or our hygienist, we require at least a 48 hour (2 day) advance notice. If the request to reschedule or cancel the appointment is not made within this time frame, a fee in the amount of \$75 per hour of cancelled appointment time will be assessed.

I acknowledge that I have received and reviewed the office policies.

**X**\_\_\_\_\_

Patient or legal guardian signature