



Amanda N. Siu, D.D.S.
Board Certified Pediatric Dentist

OUR FINANCIAL POLICY

The following is a statement of our financial policy. Please read, sign, and return it to our office.

FULL PAYMENT IS DUE AT THE TIME OF SERVICE. WE ACCEPT CASH, CHECKS, VISA, MASTERCARD, AMERICAN EXPRESS, AND DISCOVER CREDIT CARDS.

INSURANCE

We accept all third-party (dental insurance) programs that allow freedom of choice in the selection of a dental provider. We are Delta Dental Premier and Delta PPO Provider.

As a service to our patients, we accept assignment of insurance. However, we require your share of the bill to be paid at the time of service. You are responsible for any and all charges not covered by insurance, whether the amounts are applied to your deductible, co-insurance, copayment or a non-covered expense.

By signing this form you assign to Amanda N. Siu, D.D.S. Inc. all rights, titles and interests in and to any and all dental benefits otherwise payable to you for oral health treatment rendered by the Amanda N. Siu, D.D.S. By signing this form you also acknowledge that you have been informed of the treatment plan and associated fees. You agree to be responsible for all charges for dental services and materials not paid by your dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges.

To the extent permitted by law, you consent to our use and disclosure of your protected health information to carry out payment activities in connection with dental claims billed on your behalf. For insurance policies other than Delta Dental, please be advised that your insurance policy is a contract between you and your insurance company. As a dental care provider, we are not a party to that agreement.

We will bill insurance companies for services and allow them 45 days to render payment. After 60 days, you are responsible for the entire balance, paid-in-full by one of the above mentioned options. Insurance policies vary, please be informed that some services may not be a covered benefit.

USUAL AND CUSTOMARY RATES

We are committed to providing ideal dental treatment to all of our patients. Our fees reflect our commitment to the quality our patients deserve and are considered usual and customary for the area regardless of any insurance company's determination.

MINOR PATIENTS

Payment of services of the treatment of minors is the responsibility of the adult accompanying that minor. Payment can be made by cash, check, credit card.

I understand and agree to this Financial Policy.

Signature of Parent / Responsible Party

Date

Print Parent / Responsible Party Name

Print Patient(s) Name