

Covell Family Dental  
Andrew Kim, DDS  
**OFFICE POLICIES**

*It is our philosophy to provide the highest quality of patient education and dental care to all of our patients. To ensure that you begin with a positive experience, we have prepared the following information for you to review. We would like you to understand our office policies and to feel comfortable asking questions if any should arise.*

**EXPECTED PAYMENT**

In order to keep our fees as low as possible, we ask that you provide payment or co-payment at the time of service. We are happy to pass our administrative cost savings on to you in the form of lower dental costs as a result of not needing to invoice patients. Initial \_\_\_\_\_

**DENTAL INSURANCE**

If you have dental insurance we will submit dental claims directly to, and accept insurance payments directly from, your insurance company. If payment is not received within 60 days, we may contact you and request assistance in obtaining reimbursement. Initial \_\_\_\_\_

**We will provide you with a treatment plan identifying the cost of services with our estimate of what your insurance company will reimburse. Our estimate is not a guarantee of insurance payment and you are ultimately responsible for the full cost of services provided. Initial \_\_\_\_\_**

Please familiarize yourself with your insurance benefits. Your insurance is a contract between you, your employer, and the insurance company. There is great variability between insurance plans and not all services are covered.

The treatment recommendations provided by Dr. Kim are in your best interest and are not dictated by your dental insurance benefits. We are committed to providing detailed explanations for any treatment recommendations so that you can make informed choices.

**CANCELLATION NOTICE**

If you are unable to keep an appointment, we request a minimum of **2 business-days courtesy notice** so that we can offer you a more convenient appointment and invite another patient to fill the time previously reserved for you. Initial \_\_\_\_\_

We provide appointment cards at the time of scheduling and two-week reminder postcards for hygiene appointments. Some patients appreciate advance reconfirmation phone calls, other patients find them unnecessary. Please indicate your preference:

\_\_\_\_ I do not require 2-day advance reconfirmation phone calls.

\_\_\_\_ I would appreciate 2-day advance reconfirmation phone calls.

**INFORMATION CHANGES**

To insure your records are current please notify us of any changes related to your health status, medical history, insurance information, address or telephone as they occur.

**PAYMENT OPTIONS**

We accept a variety of payment options including cash, check, Visa, Master Card, or debit card. We are happy to assist you in obtaining an extended payment plan through an outside lending institution named CareCredit. Please inquire with the front office staff if you interested in learning more about this option.

I have read and understand these office policies and received a copy for my records.

\_\_\_\_\_  
Signature of responsible party

\_\_\_\_\_  
Date