

Kenneth J. Pearson, D.D.S., Inc.
31648 Rancho Viejo Rd., Ste. C
San Juan Capistrano, Ca. 92675
(949) 496-2930

OUR FINANCIAL 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 Financial Policy, which we require you to read and sign prior to any treatment.

For those patients who are covered by insurance, we will accept assignment of benefits. This means that you must complete and sign the portion of your insurance form that "assigns" payment to our office. Most dental insurance plans do not cover 100% of the cost of treatment. Because of the extreme delay in receiving payment from the insurance company, you will be asked to pay your deductible and your portion of the charges the day the service is rendered. We will estimate as closely as possible your coverage, but until we actually receive the payment from the insurance company, it is just an estimate. We will assist you in dealing with your insurance company, but the ultimate responsibility lies with you. After 60 days the balance will be due in full from you.

USUAL AND CUSTOMARY RATES

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

MISSED APPOINTMENTS

Unless canceled, at least 48 hours in advance, our policy is to charge for missed appointments at the rate of a normal office visit. Please help us better serve you by keeping scheduled appointments.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns. I have read the Financial Policy. I understand and agree to this Financial Policy.

Patient _____ Date _____