

Our Office's Policy

Any financial arrangements should be made with our office manager prior to beginning any extensive treatment plans.

Appointments failed or canceled with less than 24 hours notification will be subject to a \$35.00 charge

Unpaid balances which are over 90 days old will incur finance charges of 1.5% per month (18% per annum).

If your account needs to be sent to a collection agency, you will be responsible for the unpaid account balance as well as any additional collection costs. A collection fee of 33% will be added to your account. Should legal action become necessary, you are also responsible for all court costs and attorney fees (a 20% surcharge).

If you have dental insurance, it is your responsibility to provide us with all the information necessary to submit your claim. This includes the proper carrier, group number and mailing address.

I understand that my insurance is an agreement between my insurance company and me. I also understand that I am responsible for the balance of my dental account regardless of my insurance.

I assign dental benefit payments to be paid directly to Dr. Koren from my insurance company.

Please notify us of any changes in your insurance before the start of your first visit following the change.

Other than outstanding insurance claims and financial arrangements, payment is due at the time services are rendered.

I give permission for my dentist and his/her clinical team to take any necessary diagnostic films, photos, or study models to properly enable complete diagnosis and treatment.

I have read and understood, and agree to the terms of the preceding office policy.

Signature of Patient or Guardian

Date