



Yuan (Cathy) Hung, DDS

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Office Financial Policy

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Patient's name: _____ Responsible party's name: _____, Today's Date: _____

Important: Please provide us with both of your dental AND medical insurance information. Oral surgery procedures may be covered by dental and/or medical insurances depending on your coverage.

****Please note that we do not offer free consultation in this office.**

Basic Policy: Payment for services rendered is due in full on the day of service. Our office accepts cash and credit cards. We also accept personal checks with valid state I.D up to \$1500. If your treatment fee is greater than \$1500, please combine with other payment methods due to check processing company policies. Cashier's check or money order made to the practice is acceptable. There is a \$30 penalty for any return checks. We carry third party financing, such as Care Credit and Springstone. Please inquire within. We do not accept installments. Seniors over age 55 with a valid Driver's License receive 5% senior discount.

For patients with insurance: As a service to our patients, we will accept "assignment of benefits" and will bill your insurance carrier, provided proper paperwork is provided to us.

We will assist you in billing your secondary insurance carrier, if applicable, and in researching unpaid claims.

Every effort will be made to closely estimate your co-payments and deductibles, which are due at the time of service, but the ultimate responsibility for any unpaid balance rests on you. Please understand that insurance is a contract between you (your employer) and your insurance company. If an insurance carrier has not paid within 60 days of billing, any unpaid professional fees are due and payable in full from you. If you are experiencing any financial difficulties, please contact our office to discuss payment options.

Managed Care participants: some benefits plans require pre-authorization and specialist referral forms from your primary physician. Please provide the proper insurance plan identification and forms necessary prior to your visit. All copayments or patient out-of-pocket fees are due and payable at the time of service.

Medicare patients: Majority of the time Medicare does not cover dental extractions. We are not a participant with Medicare at this time. You will be responsible for the out-of-pocket expense unless otherwise covered by your insurance.

Surgery fees: All copayments, deductibles and payments for non-covered surgical procedures are due on the day of the surgery. Your insurance carrier may require prior authorization. **Pre-authorization is not a guarantee of payment.** Insurance companies may deny claims even with pre-authorization. Our fee schedule is set based on the time, quality of care and the expense of the supplies in order to provide the highest standard of care to you.

Workers compensation: If your injury is work-related, we require the necessary insurance billing information and employer authorization form prior to your office visit or treatment.

Overpayment: occasionally, your insurance carrier may overpay for the procedure. In which case, we will handle the refunds either to you, or to the insurance carrier, at the discretion of your insurance carrier. Overpayment can occur when multiple insurance carriers were involved and more than one companies pay for the same procedure codes. A refund may be issued once the final Explanation of Benefits is finalized.

We thrive to achieve the best quality of care to you. Please understand that insurance policies are complicated and can be time-consuming. **Pre-treatment estimates may not reflect how insurance carriers pay out. Please be patient and do not threaten or be verbally abusive to our staff members.** Thank you.

Pathology specimen: when a pathology specimen is submitted to an outside lab (Lab Corp, Quest Diagnostics, etc) due to a biopsy procedure, whether alone or in combination of another procedure (Example: cyst associated with a tooth), **you will receive a separate billing statement from an outside lab for the examination and the report of the specimen. We do not have control over how the lab might bill you.** Our pre-treatment estimate only reflects the surgery portion of the fee, not the pathology report. Please contact the pathology lab directly to inquire about their billing statement.

Ambulatory surgery: should you be scheduled for an ambulatory surgery in the hospital, our pre-treatment estimate only reflects the surgery portion, NOT the anesthesia. Please contact the hospital directly regarding their billing statements.

There's a one-time \$15 fee for additional paperwork filled out required by your employer due to the time and labor involved. A complementary doctor's note from our office may be requested for your missed days.

I have read, understood, and agree to the above financial policy for payment of the professional fees. I understand that I am ultimately responsible for all fees for services provided to me.

Guarantor/Patient's Name (Please Print): _____

Guarantor/Patient's signature: _____

Date: _____

Assignment of insurance benefits: Patient with insurance coverage, please read and sign below:

I hereby assign all medical and/or surgical benefits, including major medical benefits to which I am entitled, private insurance, and any other health plans, to Dr. Hung. This Assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is considered to be valid as the original. **I understand that I am financially responsible for all the charges whether or not paid by my insurance carrier.** I hereby authorize said assignee to release all information necessary to secure the payment.

Guarantor/Patient's signature: _____

Date: _____