

Our Financial Policy

Thank you for choosing Jay H. Yi, DDS, LLC. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

- Cash, Check, Visa, Mastercard, American Express or Discover Card
- Convenient Monthly Payment Plans¹ from our financing company for those without dental insurance
 - o Allow you to pay over time
 - o No annual fees or pre-payment penalties

Jay H. Yi, DDS, LLC requires payment prior to the completion of your treatment. We also accept payments in a number of visits to complete the treatment.

Only for patients with dental insurance:

We are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.² We ask that the applicable deductible, estimated co-pay, and pre-determined co-pay be paid on the day of service. When the reimbursement arrives, the patient will be billed for any remaining balance.

Please understand that you as a patient are ultimately responsible for knowing your own insurance coverage. We are not required by law or your insurance company to disclose or explain your individual coverage, but we do this as a courtesy to our patients.

We offer to prefile or send a pre-determination for what are described by your insurance company as **major procedures** to determine your level of coverage and co-pay. For **minor procedures**, we offer our best estimate of the co-pay based on our experience with the policy and given fee schedule by your insurance company. The estimated co-pay is collected at the time of service. When the reimbursement arrives at later time, we'll send you a bill for the remaining balance.

Upon receiving the explanation of benefits provided by your insurance company, we will generate and forward a statement to the address of the responsible party.

All balances must be paid in full within (15) fifteen business days of receiving the billing statement. We will generate exactly two (2) billing statements before the account will be considered delinquent.

Our office charges **\$30** for returned checks and requires **24 hour notice** from cancellations. A fee of **\$30 to \$60** (depending on the length of time reserved) will be charged for the missed appointment with or without confirmation service call we provide a day or two days prior to your appointment.

Once an account is deemed delinquent, it will be forwarded to our collection attorney. It will report the delinquent account to Equifax, which may affect your credit rating. All accounts forwarded to the attorney will be subject to an additional charge of 30% of the balance due.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

¹Subject to credit approval

²However, if we do not receive payment from your insurance carrier within 60 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.