PATRICK LIU DDS PLLC
3301 North Miller Road, Suite 151
Scottsdale, Arizona 85251
(480) 949-5579

OUR FINANCIAL POLICY

Thank you for choosing us as your healthcare 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.

> FULL PAYMENT IS DUE AT THE TIME OF SERVICE UNLESS OTHERWISE PRE-ARRANGED.
> WE ACCEPT CASH, VISA/MASTERCARD/DISCOVER/AM EX, AND CHECKS (ON THE SECOND APPOINTMENT).
> WE OFFER A PAYMENT PLAN WITH PRIOR CREDIT APPROVAL.

Regarding Insurance

We do accept assignment of insurance benefits. However, we do require all co-pays and deductibles to be paid at the time of service unless previous arrangements were made. We cannot bill your insurance company unless you give us your insurance information. If you do not provide us with insurance information at the time of your appointment, payment-in-full will be required, and the insurance company will reimburse you. I understand that my insurance is an arrangement between myself and my insurance company, NOT between PATRICK LIU DDS PLLC and my insurance company. Claims are billed to the Insurance carrier as a courtesy; however, I am responsible for payment of all charges incurred. All balances not paid by the insurance carrier within 45 days of date of service will be my responsibility. PATRICK LIU DDS PLLC will be happy to reimburse me, for any payments made by me after my insurance company has paid in full. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under the Dental Program and/or other Dental Insurance.

Regarding Insurance Plans where we are a participating provider. All co-pays and deductibles are due prior to treatment. In the event that your insurance coverage changes to a plan where we are not participating providers, refer to above paragraph.

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 for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Adult Patients

Adult patients are responsible for full payment at time of service unless prior arrangements have been made.

Minor Patients

The adult accompanying a minor and the parents (or guardian of the minor) are responsible for full payment. Unaccompanied minors must have a signed informed consent in their charts, and prior payment arrangements should already be in place.

Missed Appointments

Unless cancelled at least 24 hours in advance, our policy is to charge $45 for missed appointments. Please help us serve you better by keeping scheduled appointments.

Finance Charge

There will be a 1.5% per month rebilling charge on all accounts over 45 days.

DELINQUENT ACCOUNTS

I understand that should my account fall delinquent and I have not established a new payment plan between the doctor providing the services and myself, my account may be turned over for legal collection and reported to the credit bureau. In the event my account is turned over to collections, I agree to pay the cost of collection including reasonable attorney fees. I also understand that I am responsible for any additional collections fees up to 50% of the total amount due this office in addition to uncollected balance being sent to collections.

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

X ______________________________ Date ______________________________
Signature of Patient or Responsible Party

X ______________________________ Date ______________________________
Signature of Patient or Responsible Party