



Dr. H.J. Michael Choi, DMD
113 Waterworks Way #120, Irvine, CA 92618
Tel: (949)786-2820 / Fax: (949)786-2815

Welcome to our practice! We thank you for making us your choice and joining us in caring for your dental health. By becoming our patient you have created a partnership which we hope will last through the years. We would like to let you know about our office policies.

Our Promise!

Dear Patient:

This is not meant to alarm you! Quite the opposite! It is our desire to communicate to you that we are taking the new federal (HIPPA- Health Insurance Portability and Accountability Act) laws written to protect the confidentiality of your health information seriously. We do not ever want you to delay treatment because you are afraid of your personal health history might be unnecessarily made available to others in our office. We will use and communicate your health information only for the purpose of providing your treatment, obtaining payment and conducting health care operations. Your health information will not be used for other purposes unless we have asked for and been voluntarily given your written permission.

Financial Policy

Please understand that your dental benefits are through your insurance company, not our office. There are many plan limitations and exemptions in your contracted insurance plan and there is no guarantee of coverage. A predetermination is the only means of knowing if a procedure will be covered by your insurance before proceeding with your dental treatment. We will utilize all resources available to cover your dental treatment. However, if your insurance company does not pay for a procedure then as the patient/guardian you are responsible for all payments and charges. Payment is expected at the time of treatment. Please notify our office prior to your appointment to make payment arrangements if needed. Please inform our staff if you have any special needs prior to your appointment. Let us know if your contact information, insurance plan or medical history has changed since your last visit with us, so we may update your records promptly. Understand that dental x-rays are a necessary tool to obtain a thorough examination and diagnosis. We do require deposits of \$150 for all specialty appointments booked and general treatment appointments are \$50.00 per hour booked. These deposits are applied toward your scheduled procedures. We reserve lengthy "time slots" for these appointments and missing the appointment or showing up late without informing us will lead to loss of your deposit. Contact our office by phone or e-mail two business days prior to your scheduled appointment(s) in order to avoid any cancellation fees (\$50 per hour booked). Specialty appointment fees are assessed at \$150 without three business days notification prior to your scheduled appointment. We value the time we have booked for you, if you are going to be late please call us to let us know immediately. Please let us know how we are doing, your feedback really helps us in improving our service to you in the future. Let your family and friends know of our great service, your referrals are always welcome.

Patients WITHOUT Insurance

Patients without insurance coverage are required to pay for services rendered. We accept Cash, MasterCard, Visa, Discover, American Express, or Debit/ATM cards. We also have pre-payment arrangements, and financing plans with Care Credit, Spring Stone Financial, and Citi Finance.

Billing Policy

1. Checks returned unpaid from the bank are subject to a \$35.00 service fee.
2. Accounts delinquent more than 45 days from the date of billing are subject to a 1.5% per month (18% annuly) finance charge. If your account is sent to our collections agency you will be responsible for collection and court costs along with attorney fees.

I have read the office policies and agree to accept this policy fully. I will pay any outstanding balances on my account, or of any responsible parties. If I default on payment then I understand that my account may be turned over to a collection agency. I also permit Michael Choi, DMD, Choi Dental Corporation LLC's under applicable law to release any information relating to dental claims to my insurance company, adjuster or attorney involved in this case. I also instruct and direct payment to the above business entity from my dental carrier. If my current policy prohibits direct payment to this office, then we also instruct and direct you to either sign over the check or write us a check for the whole amount reimbursed to you and bring

or mail to our address for services rendered.

Signature: _____

Responsible party of: _____

Printed Name: _____ date: ____/____/____