

DEREK WONG, D.D.S

FAMILY AND RESTORATIVE DENTISTRY

GENERAL DENTISTRY

黃健雄 牙醫博士

255 NORTH SAN MATEO DRIVE #2
SAN MATEO, CALIFORNIA 94401
650/347-7100
FAX 650/347-1758
e-mail: drderekwongdds@gmail.com

OFFICE POLICY INFORMATION & FINANCIAL AGREEMENT

All accounts are carried on a 30 day basis.

A 1.5% monthly service charge will be assessed on all accounts over 90 days, regardless of insurance coverage.

All patients are financially responsible for their account. The insurance company is responsible to the patient.

24-hour notice is required on all appointment cancellations or changes. Any notice less than 24 hours will result in a missed appointment fee (\$25.00 for each ½ hour scheduled).

Payment for emergency visits is required at the time of service.

Patients on managed care plans (Golden West, Concordia, PMI, Pacificare) are required to pay the total co-payment at the time services are provided; no billing statement will be sent.

I understand that dentistry is not an exact science and that, therefore, reputable practitioners cannot properly guarantee results. I hereby authorize the doctor or dental auxiliaries to proceed with and perform the dental treatments as explained to me, and acknowledge that no guarantee or assurance has been made regarding the dental treatment which I have requested and authorized.

I agree to the above and understand that I am financially responsible for all fees, regardless of insurance coverage.

Name (please print)
(responsible party if patient is a minor)

Signature

Date