

*Welcome to the family and cosmetic dental practice of Dr. Tran Nguyen
and Dr. Minhthu Nguyen!*

We are very pleased that you have chosen our office to serve your dental needs. Our goal is to provide high quality dental care for you and your family in a comfortable, low-pressure environment, and pleasant atmosphere. So that we may better serve you, please familiarize yourself with our office policies.

Office Policies

Payment and insurance

Payment is due at the time of service. If you are covered by insurance, we will file for you, if you provide the necessary information. You are expected to pay your estimated portion of charges at the time of service. You are ultimately responsible for your account. We accept MasterCard, Visa, Discover, checks, cash.

Billing

After insurance makes a determination or payment, you will be billed if a balance remains. If payment is not made within 30 days after insurance reimbursement we reserve the right to apply a \$4.00 billing fee each month the account remains unpaid.

Returned checks

There is a \$25 service fee for all returned checks.

Appointments

We offer both weekend and evening hours. We respectfully request at least 24 hours notice, if possible, when canceling or rescheduling an appointment. We reserve the right to charge for appointments cancelled without 24 hours notice.

Children

Children are welcome in our practice. Usually, the child can be seen by age two or there. Parents are encouraged to remain in the reception area during their child's treatment. Children who are not being treated should remain in the reception area.

Referrals

Please let your friends and family know about our office. We are gladly welcoming new patients.

Questions or concerns

Please always feel free to bring up any concerns or questions that you may have. We are always happy to address these concerns.

INSURANCE RELEASE & PAYMENT AUTHORIZATION

I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan for myself, spouse, and/or my dependent(s) unless the treating dentist has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted under applicable law, I authorize release of any information relating to insurance claims.

I hereby authorize payment of the dental benefits otherwise payable to me directly to Nguyen & Nguyen Dentistry Partnership.

Signature will be obtained electronically.

I understand and agree to the policies stated on this page.

Signature _____ Date _____

