

Financial Policies

This document is to inform all patients of our financial policies. Your signature at the bottom of this page indicates that you understand and agree to our policies.

- For patients with insurance, your co-payment and deductible amounts are due at the time services are rendered
- We will gladly file your insurance forms
- Please note that the insurance fees are estimates and not a guarantee. It is important to understand that the insurance contract is between the insurance company and you, the insured. Treatment recommended by Dr. Song is never based on what your insurance company will pay. Dr. Song has your best interest in mind. Due to pending claims and patient privacy issues, we do not always know how much an insurance company has already paid to another office or specialist, and the balance remaining on a yearly maximum. This is an estimate of insurance benefits and if there is any balance after the insurance company's payment, that balance is the responsibility of the patient. If the insurance company pays more than the estimated fee, our office will gladly send you a check for the difference.

I have read this Financial Policy and understand that regardless of any insurance coverage I may have, I am responsible for payment of my account within the usual limits of this Financial Policy. I agree that in the event cost, and/or fees are incurred in connection with the collection of my account. I will pay all such cost and fees, including collection costs, attorney's fees and all court costs.

Print Full Name

Responsible Party Signature

Date

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