

Gentle Care Dental Patient Policy & Agreement

9104 Glenwood Ave
Raleigh, NC 27617
919.783.5999

Scheduling Appointments and Cancellation Policy

It is requested that you will arrive promptly for each appointment scheduled. If you are unable to keep an appointment please give our office **(2) working days** notice. There will be a \$30 fee applied to your account after your **first** broken appointment, and any subsequent broken appointments, that must be paid prior to your next scheduled appointment. It is also asked that when scheduling family appointments (two or more patients) that you do not reschedule without at least **(2) working days** notice. Please be advised if there are more than (2) broken appointments for a single patient or (2) rescheduled appointments for a family we will no longer schedule future appointments for the patient(s). We provide an answering machine during non-business hours to serve you better in keeping and rescheduling appointments

Despite careful scheduling, emergencies can cause delays. We try our very best to stay on time. If your appointment time is affected due to an unforeseen emergency, we'll try to notify you. We know that your time is valuable, too. You will receive the same quality dental care no matter how our schedule is running.

Insurance and Payment Options

We are not responsible for any exclusion that may cause your claim to be denied. If your claim is denied it is your responsibility to pay promptly on the treatments. Please inform us if there are any changes in your insurance, address, or phone numbers so that we may update our records and keep your account current.

Many of our patients have dental insurance. While your dental insurance policy is an agreement between you and your insurance company, we will be happy to assist you in preparing and sending in the necessary forms. Please remember that no insurance company attempts to cover all dental costs. All deductibles and co-pays are due **at the time of service**. It is also your responsibility to be aware of your deductibles and insurance plan policies. Payment to our office remains your responsibility, regardless of how much your insurance handles your claim(s).

In order to assist you with your dental care investment, we accept cash, checks, all major credit cards, and Care Credit. If you present a check for insufficient funds, you will be charged a \$30.00 fee. Additional checks will not be accepted until the non-sufficient check and related fees have been paid.

If you have an outstanding balance on your account beyond 120 days, your account **will** automatically be turned over to collections. The responsible party will absorb all fees associated with the collection proceedings. While in collections no appointments will be scheduled for you with the exception of emergency cases.

You have the right to a copy of your dental records and x-rays. A \$30.00 duplication fee will apply. This fee is to be paid at the time of pick-up.

Patient Agreement

Patients who carry dental insurance do hereby agree to assign benefits that he/she is eligible to receive for the care rendered in this office to James J. Chun, D.D.S. and you understand and agree that you will be responsible for any expenses not paid by your insurance company.

I HAVE READ, UNDERSTAND, AND AGREE TO THE STATEMENTS OUTLINED ABOVE.

Signature _____ Date _____

Print Name _____