



**PHILLIPPI AND KWON**  
FAMILY DENTISTRY

**WELCOME TO OUR DENTAL PRACTICE**

*We are happy that you have chosen our dental office, and we trust that by working together, we can maintain optimum dental health for you and your family. We will recommend and provide the very best care possible and will expect you to practice good home dental care.*

*Office visits are by APPOINTMENT ONLY. We try to see you as close to your appointed time as possible, but some unforeseen circumstances do occur. Please do your best to arrive on time. We do **require 24 hour notice** anytime you can not keep your appointment. We reserve the right to charge your account \$50 for a scheduled appointment that is cancelled without a 24 hour notice, or you fail to show up for your scheduled appointment. It is up to the patient to remember scheduled appointments.*

*Our office hours are as follows with doctors alternating Friday's:*  
**Monday: 8:00am - 5:00pm    Tuesday/Wednesday: 7:30am - 4:30pm**  
**Thursday: 8:30am - 5:00pm    1<sup>st</sup>, 3<sup>rd</sup>, & 5<sup>th</sup> Friday 8:00am - 12:00pm**

**PAYMENT POLICY AND INSURANCE**

*If this is your first visit with us, we expect payment in full. If you have dental insurance, our policy of payment in full on the first visit applies; however, we will be glad to file the necessary insurance papers for your reimbursement. For established patients, payment is expected at the time of service for any charges we are not anticipating payment from the insurance company. We accept cash, checks, Visa, MasterCard and Discover. There will be \$25 charge on all returned checks.*

*\*\*If your check is not paid on presentment or is dishonored, you agree to pay \$25. We may electronically debit or draft your account for this charge. Also if your check is returned or insufficient or uncollected funds, your check may be electronically re-presented for payment.*

*Please understand that insurance companies vary in their payment of benefits; therefore we cannot always accurately predetermine exact reimbursement from them. If the insurance company does not pay as expected, you are **FULLY** responsible for the difference.*

*Your dental insurance is a contract between YOU and the insurance carrier. We file insurance as a courtesy to you, but you are **FULLY** responsible for all charges. The insurance company and your employer have agreed on a fee schedule that may or may not match our fee schedule. You are responsible for the difference.*

*As an established patient, financial arrangements for charges over \$200 may be possible. We offer this service for a period of up to three (3) months in house. A written and signed financial agreement must be done. We also offer a CareCredit payment plan. **PLEASE NOTE: an interest charge of 1% per month will added to all unpaid balances after 90 days.** We look forward to a mutually satisfying relationship as we take care of your dental needs!*

*This policy is subject to change without notice*

**Signature**

**Date**