

CA Financial Policy

Thank you for choosing us as your dental care provider. We are committed to delivering the highest quality care in a transparent and respectful manner. Please review the following policy carefully.

Payment Policy:

- **Full payment is due at the time services are rendered. Unless arrangements are made with accredit card on file for monthly instalments**
- Acceptable payment methods:
 - **Credit Cards:** Visa, MasterCard, American Express.
 - **Debit Cards**
 - **Cash or Personal Checks**
- **Returned Checks:**
 - A \$25 fee will be assessed for the first returned check.
 - A \$35 fee may be charged for any subsequently returned check (CA Civil Code 1719).

Unpaid Balances and Interest:

- If your balance is unpaid 60 days after treatment, a service charge of 2% per month (24% APR) may apply in accordance with federal Truth in Lending requirements.

Insurance Information:

- Please note: We may be out-of-network with your dental plan. We are happy to submit claims as a courtesy, but you are ultimately responsible for any balance due after adjustments are made
- Your dental insurance is contract between you and your insurance company.
- You are financially responsible for all services provided by our office, regardless of insurance coverage or reimbursement.
- If your insurance has not paid within 60 days, the outstanding balance becomes your responsibility.
- Need help understanding your insurance benefits? Just ask, we are here to assist.

Minor Patients:

- The parent or legal guardian is financially responsible for treatment provided to a minor.
- If the party responsible is not present at the time of service, the credit card on file will be charged, as authorized in advance.

Medical Debt Reporting Compliance (SB 1061 – effective 7/1/25):

In compliance with CA SB 1061, we do not report medical debt to any consumer credit reporting agency:

A holder of this medical debt contract is prohibited by Section 1785.27 of the Civil Code from furnishing any information related to this debt to a consumer credit reporting agency. If such information is knowingly furnished, the debt shall be void and unenforceable.

Billing Disputes and Patient Rights:

We are committed to transparent billing. If you believe your bill contains an error or have any concerns, please contact our office **within 30 days** of receiving your statement. We will review and respond promptly to resolve any issues.

Language Assistance:

If you require this policy in another language, please notify our front desk. We are committed to serving the needs of our diverse patient community.

Acknowledgement and Agreement:

I have read, understand, and agree to the terms outlined in this financial policy. I accept responsibility for all charges incurred and authorize the office to process payments as specified above.

I understand that any legal action to collect unpaid balances will be based on this **written and signed agreement**, in compliance with **California AB 1414**.

Signature

Date