

Welcome to the practice of Dr. Raymond Liu!

It is our policy to communicate clearly the financial obligation between our patients and this office.

We will be happy to verify your insurance benefits and file all services for you. Every effort will be made to collect the maximum benefits allowed to you by your insurance company. **However, your benefit is a contract between you and your insurance company.** Your dental insurance carrier may pay less than the actual bill of services. Each insurance company fee schedule is different. We are simply unable to know each and every insurance allowable fees. Therefore, we will collect your co-payment percentage **at the time of service** based on our normal fees. When final payment has been received from your insurance company, we will reconcile your account and we will bill or refund you any remaining difference. **Please be aware that regardless of insurance payment, you are responsible for your balance.**

If you do not have insurance or have reached your maximum for the year, payment in full is required at the time your treatment is rendered. Our administrative staff will be happy to discuss our various financial options available to you.

We know that your time is valuable to you and it is to us. If there is ever a need to change an appointment, we would appreciate at least a 48 hours notice. As long as we receive a minimum of 48 hours notice, there will be absolutely no charge. Should we not hear from you, there will be a charge of \$50.00 for each half-hour missed. However, we are sure this will not be an issue.

We hope to make our relationship based on mutual respect and trust. Dr. Liu will diagnose, treat and maintain your optimal dental health. Please help us by providing current insurance information and be prepared to make your co-payments. Together we can assure that our relationship is ongoing and mutually satisfying.

I have read and understand the financial policies of Dr. Raymond Liu.

Signature: _____

date _____