

**Family Dentistry of South Brunswick, P.A.
Ling Yang, D.M.D.
4095 Route 1 South suite #30
Monmouth Junction, NJ 08852**

Financial Policy

Our primary goal is not to allow the cost of treatment to prevent you from benefiting from the quality care you need or desire. In our office, we strive to maximize your insurance benefits and make any remaining balance easily affordable. Please read the following carefully and ask us any questions you might have. We will do our best to answer them for you.

♦ **Patients without insurance coverage need to know . . .**

The fee for the treatment rendered must be paid in full on the day of service.

♦ **Patients with insurance coverage need to know . . .**

The estimated patient copay and deductible for the treatment rendered must be paid in full on the day of service. We are happy to submit the claims necessary to see that you receive the full benefits of your coverage; however, we cannot guarantee any estimated coverage. Please understand that you are ultimately responsible for all fees generated by your treatment.

♦ **We accept Visa, MasterCard, Discover, checks and cash for payment of the amount due.** Payment plans are available. Please ask about them if you need one.

♦ **One business days notice is required for rescheduling appointments.**

A \$25 to \$75 fee, depending on the amount of time that was reserved for you, will be applied to your account for rescheduling, canceling or failing to show up for your appointment without 1 business days notice. Dr. Yang reserves your appointment time exclusively for you. She doesn't "double-book" and keep extra patients waiting in case you can't come in. Please be considerate.

By signing this agreement, you agree to all the terms and conditions contained herein and the agreement will be in full force and effect.

Patient's Name: _____

Responsible Party
(if patient is under
18 years old): _____

Signature: _____ Date: _____