

**NoVA Perio Health
William W. Wang D.D.S.
Thomas Lin D.D.S
Financial Policy Agreement**

Hello and welcome to NoVA Perio Health the office of Dr William W. Wang where we strive for excellence, honesty and loyalty. So we can provide you with professional service at the most reasonable fees, it is important that you understand our financial policy prior to your treatment.

All Payment is expected when the service is provided unless other financial arrangements have been made and pre-approved by management. In order to meet each patient's specific needs as best we can, the following financial policy is being provided.

For patients with insurance coverage, full contracted PPO payments are due at the time service is rendered. As a courtesy NoVA Perio Health will file the claim for you and submit appropriate x-rays and charting to your insurance company. Please keep in mind that your insurance payment is only an estimate not a guarantee of coverage until the claim is submitted, received and processed for payment. **Any claim not paid by the insurance company is your responsibility.** If insurance has made no payment or denied the services NoVA Perio Health will send an appeal for you if it is requested by the patient, if the insurance denies the appeal you will be responsible for the fees for services rendered to the patient. This service we offer implies no responsibility on our part for filing, follow through or confirmation other to assist the patient. Any overpayment made to us from your insurance we will promptly reimburse to you. A pre-determination is a contract between the insurance and the patient and patient can refer to their plan booklet for accepted covered benefits. The insurance company is a profit organization, a pre-authorization is not made to be a guarantee of benefits.

Acceptable payment methods include cash, check, Visa/ MasterCard and AMEX. Any returned check will have a NSF charge of \$35.00 plus the check amount.

I understand that if I cancel any scheduled appointment with NoVA Perio Health the office of Dr William W. Wang without giving at least 48-hour notice on a business day, I am subject to a \$50.00 per half hour (of appointment scheduled) cancellation fee.

I acknowledge that the payment of my bill is a legal obligation. If your account is past due over 90 days NoVA Perio Health holds the right to charge my account interest not exceeding more than 12%. If the account is turned over to an attorney for collection, I agree to pay the attorneys' fees of 33% of the unpaid balance and interest, plus all court costs beginning 90 days after payment is due or expenses have incurred.

I have read and understand the above policies and agree with all terms and conditions.

_____ Date: _____
Guarantor/Signature:

