

Rodney K. Kihara, D.D.S.

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Financial Arrangements and Dental Insurance

We are committed to providing the highest quality dental care possible, while at the same time offering affordable services with maximum payment flexibility. The following is a statement of our office policy with regard to methods of payment as well as insurance coverage.

Method of Payment

Payment for services is Due at the Time Services are Rendered, Unless Other Arrangements Have Been Made in Advance.

For your convenience we offer the following options:

- CASH/CHECKS
- VISA/MASTERCARD

Returned checks are subject to a \$30.00 charge as well as any Bank fees incurred. Balances older than 90 days will be subject an 18% annual finance charge. A charge of \$30.00 per ½ hour of your scheduled appointment time can also be made for broken appointments and cancellations without 48 hours notice.

INSURANCE POLICY

- Our fees have been accepted by the vast majority of insurance companies as falling within the acceptable range charged in this area (U.C.R. – Usual, Customary, and Reasonable).
- After a treatment plan has been presented, a determination will be made as to the ESTIMATED insurance coverage and your co-payments and deductibles are due at the time of service.
- Tracking amounts of Annual Dental Benefits used is your responsibility. Remember that estimates are based upon the information that we have available to us, and do not ever guarantee insurance payments. If your insurance Company fails to pay, you are responsible for the unpaid balance. Most misunderstandings can be avoided if you understand what your policy provides.
- We bill your insurance as a courtesy to you.
- I hereby authorize the release of information necessary for claims administration to my insurance company.

If you have any questions about the above information or any uncertainty regarding your insurance coverage, PLEASE do not hesitate to ask us. We are here to help you.

Signature: _____ Date: _____