Oasis Dental Care
6552 Bolsa Ave Suite J
Huntington Beach, CA 92647
(714)893-2106

We are pleased to welcome you to our practice. Our desire is to provide you with the highest quality dental care in a caring and enjoyable atmosphere. It is our policy to make financial arrangements with you before any treatments starts. Below is an explanation of our financial policy. If you have any questions, please do not hesitate to ask.

1. Payment for services is due at the time of services rendered. We accept cash, checks, and credit cards (VISA, MasterCard, and CareCredit). **We bill your insurance company as a courtesy to you.** If you have Dental Insurance and your insurance company pays you directly, you will be considered a cash patient.
2. Dental insurance information must be provided at the time of service. This will include the name of the dental insurance, subscriber's social security number, date of birth, mailing address, phone, and group number. If insurance coverage cannot be verified you will be responsible for payment of all dental services rendered. Secondary insurance will be filed only if the correct information is provided at the time of service.
3. Dental benefits plans may cover only part of your dental treatment. It is understood that you are responsible for the entire balance of your account. The contract of benefits is between the patient and the insurance company. The fact that we do not write or administer your Dental Benefits plan makes it impossible for us to assure any payment from a third party carrier for any parts of the above estimated treatment plan. You are responsible for all services rendered, regardless if you have benefits or not. We will bill your insurance as a courtesy to you.
4. Our office will make every reasonable effort to obtain payment from your insurance company. Any account balance over 30 days will be charged $75 a month in late fees and service charges, where applicable. If the insurance claim and account balance remain unpaid after 60 days, you will be responsible for the total balance. Your account will be assesses and additional $125 fee if collection services are required.
5. A fee of $55.00 will be charged for all failed appointments and appointments canceled with less than 48 hours notice. There will be $25 charged for all returned checks.
6. The parent or guardian who brings the child for an initial visit is the responsible party. The parent is required to pay for services rendered regardless of what divorce decree may state.

Authorization

I hereby give authorization for payment of insurance benefits directly to Jason Fu, DDS and/or to Nina Yu, DDS for services rendered.

I have read and accept the above Financial Policy, understand it, and agree to the terms set forth regarding payment for any and all dental services rendered.

_____ _____
Patient or Guardian Signature Date