

Alan K. Kuwabara, D.D.S., PLLC
Child and Adolescent Dentistry

Thank you for selecting our office for your child's dental care! Please read the following and sign prior to treatment.

Full Payment is due at the time of service.

We accept cash, personal checks, and, for your convenience, Visa, MasterCard, Discover, and American Express.

Dental Insurance:

Currently, we do not participate with dental insurance.

1. If you would like us to file your insurance paperwork, we are happy to do that as a courtesy. Please provide a copy of the front and back of your primary dental insurance card. We will require the name, date of birth, and employer of the primary policy holder. Many insurances require a social security number as well, we will request that as needed to accurately process your claim.

2. If you would prefer to file your insurance claim independently, we will provide a completed claim and receipt to facilitate that process. Please note: DO NOT sign the authorization (Box 37) to have payment sent directly to our office.

Appointment Information:

If you cannot keep your scheduled appointment, we ask for at least 24 hours notice. A \$67.00 fee will be charged for a second failed appointment. Multiple failed appointments will result in discharge from our care.

Past Due Accounts:

All fees are due at the time of service. Should this matter be turned over to collections, all costs, including reasonable collections fees, attorney fees, and court cost incurred by Alan K. Kuwabara, D.D.S., PLLC shall be borne by the undersigned.

I have read, understand, and agree to this Financial Policy.

X _____
Parent/Guardian

Date

FINANCIAL POLICY