

Financial Policy

Our office strives to maintain a high-quality, personal dental practice committed to excellence, caring and affordability. Our goal in treating you is to involve you as an active participant in your dental care. In order for us to provide quality, efficient, and affordable service, we ask that you keep your account current. This will reduce billing and fee collecting costs, and ultimately reduce fees charged to you.

Payment: Fees are established according to services performed, and payment is due at the time of service unless other arrangements are made. Statements are mailed the latter part of each month, and a 1.5% service charge is assessed on any unpaid balance after 60 days. Should your account be referred for collections, you will be obligated to pay all reasonable collection expenses, meaning the fees normally charged to this office by the collection agency, interest, and/or attorney and court costs.

Insurance Payments: To prevent misunderstanding, we wish our patients to know that insurance policies vary and that it is your responsibility to pay for the services provided, regardless of your individual coverage. This office will do everything we can to help our patients recover benefits and, in fact as a courtesy to you, we will bill your insurance directly. We ask that you make financial arrangements with us on your estimated portion before treatment is started; we can assist you in estimating the amount your insurance will cover. Forwarding any checks sent to you by your insurance company helps us determine whether your insurance company has paid on all of your claims. Your adherence to our policy greatly improves our ability to serve you.

Appointments: We know that your time is valuable and we make every effort to stay on schedule, however, emergency patients are sometimes referred to this office on short notice. If we are behind schedule in these situations, we appreciate your understanding. We realize also that your schedule may change and that it may be necessary for you to change an appointment. We request that you notify our office as soon as possible. A charge may be assessed for missed appointments and late cancellations with less than a 24-hour notice. When the office is closed, please leave a message on the answering machine.

If you have any questions regarding the above policy, please do not hesitate to ask.

I understand and agree to the terms of this financial policy.

Signature _____

Date _____

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