



**3-D Dental, PC**  
***Cosmetic and Dental Implant Center***

**Dr. Lily Zhang**

**Dr. David W. Wang**

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**OFFICE Financial POLICIES**

1. We are dental service providers. We can provide assistance for you in regard to insurance policy verification and claims. Patient is responsible for all charges not paid by the insurance company. We can not be responsible for actual payments made by insurance carrier. After insurance payments are made, you may owe more, or you may have a credit which would be reimbursed to you.
2. Payment is expected at the time of dental services. We accept cash, check, MasterCard, Visa, Discover and American Express. We work with CareCredit, and Capital One for extended payment plan with prior approval. Our office will charge \$20 for each returned checks.
3. Patients must pay all deductibles and co-payment percentages as specified in their policy at the time of visit. We will assume a \$50 deductible unless otherwise noted.
4. Minors must be accompanied by an adult.
5. We require a minimum of 24 hours' notice to change appointments. We will assess a minimum charge of \$50 to patients that missed confirmed appointments. This fee must be paid before another appointment is made.

Date:

Name: \_\_\_\_\_