

**Harder Dental Corporation
Drs. Harder, Pham & Associates
4980 Barranca Pkwy., Suite 208
Irvine, CA 92604-4629
(949) 551-2313**

Office and Financial Policy Statement

Thank you for choosing us to serve you. Our office is committed to providing you and your family with the best dental care possible. The following is a statement of our Financial Policy which we ask that you read and sign prior to any treatment. Our Team is more than happy to answer any questions that you may have regarding office policies.

Cancellation Policy

- We reserve time exclusively for each patient. We ask that you make every effort to give us at least 24 hours business day notice. If you cannot make your scheduled appointment, a \$75 fee will be charged for any cancellation made with less than 24 hours business day notice. Our business hours are; Monday 8 am-5 pm, Tuesday & Thursday 7 am- 7 pm, Wednesday 7 am- 5 pm, Friday 7 am- 3 pm and closed Saturday & Sunday.

Payment

- Payment for service is due at the time treatment is rendered unless prior arrangements have been made with the Business Manager.
- Our office accepts the following forms of payment: Cash, Check, Visa, Mastercard, Discover, American Express and Care Credit.
- Care Credit: A third party financing company offers 12 months interest-free financing. This allows you to have the treatment without delay. Payment plans are designed to work with your budget.
- Checks that are returned to our office from your financial institution are subject to a \$35.00 returned check service charge for bank fee and office processing costs.
- Collection fee's will be added to patient's account, should an account fall into default. Patient is responsible for all collection, attorney and court fee's.
- Interest charges are assessed to all accounts after 60 days of an outstanding balance at the monthly rate of 1 1/2 % and 18% annum (but in no event more than the maximum rate permissible under state law).

Insurance

- Your insurance policy is a contract between you (or your employer) and your insurance company. We are not a part of that contract. As a courtesy to our patients, we will give an estimate of what your cost will be for any treatment and/or procedure needed. We will also submit your dental insurance claims to your insurance company. However, in the event that your insurance company does not pay for the submitted claims within 60 days, the balance due on your account is your responsibility. Balances more than 60 days are subject to finance charges and after 90 days, may be assigned for collection.

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

Signature of Patient or Responsible Party: _____ Date: _____

Please Print Name of Patient or Responsible Party: _____