

Richard K. Amo D.D.S., Inc.
100 E. Valencia Mesa Drive, Fullerton, CA. 92835
714-992-0492

FINANCIAL RESPONSIBILITY

PRINT PATIENT NAME

SIGNATURE OF PATIENT OR GUARDIAN IF PATIENT IS UNDER 18

DATE

GUARDIANS PRINTED NAME

FINANCIAL / APPOINTMENT CONSENT FORM

We welcome you and your family to Dr. Richard Amo D.D.S. Inc, Genral and Cosmetic Dentistry. We look forward to providing you with the most exceptional dental care. To provide you with the most beneficial and comprehensive service and care, we do ask that you review and complete our office and financial policy consent forms. We will gladly discuss your proposed treatment, financial options and any other questions you may have. We strive to keep you informed and involved with your treatment as much as possible.

DENTAL INSURANCE

(initials) I / We **DO NOT** have dental insurance

(initials) I / We **DO** have dental insurance (if so, please continue below)

If you have dental insurance, we will file the claims for you, as a complimentary service. We do ask that the correct insurance information be provided at the time of your appointment in order for us to timely file the claim and collect payments. If this information changes, it is the patient's responsibility to update Richard K. Amo D.D.S., Inc at the earliest convenience. While we do our best to verify dental benefits prior to your first appointment, this does not guarantee coverage of payments to Richard K. Amo D.D.S., Inc. We do accept payments from the dental insurance companies, however, we are not contracted with them. It is a contract between you, your employer and the insurance company.

Richard K. Amo D.D.S., Inc. will provide you with an ESTIMATE of your out of pocket expense for any treatment planned by the doctor. However, please understand that these are strictly estimates and are not a guarantee that your insurance company will reimburse us/you according to these estimates. It is possible that we could preauthorize any treatment to verify plan coverage.

Please note that any difference in payment from your insurance company and your account balance is your responsibility. We emphasize that as dental care providers, our relationship is with you, NOT your insurance company. While the filing of insurance claims is a courtesy that we extend to all of our patients, all charges are your responsibility from the date the services are rendered. If difficulty arises with your payment from the insurance company, we will ask that you contact your carrier to rectify the problem. All expected insurance balances remaining unpaid after 90 days from the date of service becomes the immediate responsibility of the patient and / or account holder.
Payment for services (copay/coinsurance) is due at the time the services are provided.

I / We understand the above paragraphs regarding dental insurance, and have had the opportunity to have any questions answered to the best of Richard K. Amo D.D.S., Inc.'s ability.

signature of responsible party