

Byung Sun Yoo, DDS, Inc.
FINANCIAL POLICY

Our commitment is to provide for your dental health as thoroughly and efficiently as possible. We believe that service to our patients is at its best when there is complete mutual understanding and cooperation. Therefore, we would like to acquaint you with the following policies:

Financial

We are a “Fee-for-Service” dental office; which means that payment -in full- is due for treatment rendered – at the time of service. We accept cash, check or credit cards (MasterCard or Visa only).

In addition, our office has partnered with Citibank and offer the Citi Health Card with a “No Interest for 6 Months” plan.

- \$1200.00 minimum purchase required.
- Minimum payments required.
- Based on credit approval.
- Not all patients will qualify.
- There is no interest through the Citi Health Card if paid according to the agreement but 9% will be added to the total amount of treatment due to charges incurred to the office.

Please ask us for more information!

How will you be paying for your dental care?

- Cash _____
- Check _____
- Credit Card: MasterCard of Visa. (please circle name of credit card)
 - Credit Card Number _____ Exp _____

Dental Insurance

As a courtesy to our patients with dental insurance, we will assist you in submitting a claim for your treatment. However, your insurance contract is between you, your employer, and your insurance company. As noted above, full payment for any and all charges is due at the time of service.

Agreement

I understand and agree to this payment policy. I understand I am responsible (regardless of my insurance) for any and all charges incurred from services rendered. I authorize the office of Byung Sun Yoo, DDS, Inc. to keep my signature on file and to charge the above listed credit card for services rendered.

Name: _____ Date: _____

Signature: _____ Date: _____