

Rana Lee, D.D.S., P.A.  
2204 W. Shady Grove  
Irving, TX 75060

### **Office Policy**

So that the office can better serve you, we find it necessary to have all patients read and understand our office policy. If you have any questions please feel free to ask the staff.

#### **BROKEN APPOINTMENTS**

Please understand that appointment time in any dental office is limited and valuable. Therefore, we request kindly that all patients honor their reserved appointment time. Failure to do so deprives other patients from receiving needed dental care in a timely fashion.

**So that I the dentist and my staff will not be penalized by those who fail to keep their appointments, \$50.00 per hour broken fee Monday- Thursday and a \$75.00 charge per hour broken fee Friday/Saturday. This fee will not be charged if we receive 24 hour notice for Monday-Thursday and a 48 hour notice Friday/Saturday prior to your scheduled appointment time. The patient is responsible for the charge and it is to be paid prior to the scheduling of any new appointment.**

#### **FEES AND FINANCIAL ARRANGEMENTS**

Any patient with insurance must bring in an insurance card. It is the patient's responsibility to advise the staff of any insurance changes along with address and phone numbers of the insurance company.

#### **TREATMENT RECOMMENDATIONS**

Dr. Lee and her staff strive to provide the most accurate and most complete treatment plan possible. In the event there is a discrepancy between the fees presented in the treatment plan and the final amount, keep in mind we estimate the insurance coverage and the insurance company may pay less or more than was estimated. Also, Dr. Lee may have to alter her original treatment in order to provide the best dental care for you.

#### **ACCOUNTS WITH DENTAL INSURANCE**

**Please remember that if we accept and file your insurance, it is a courtesy to you. However the relationship is between you and your insurance company. The patient is always responsible for his or her portion at the time service is performed. After 30 days the total amount becomes the responsibility of the patient or the guarantor. (parent or guardian) Unless arrangements are made with the office, the account will then be susceptible for collections. Please note that our office will not be responsible for filing secondary claims; this is the responsibility of the patient.**

**WE ACCEPT CASH, CHECK, DEBIT, VISA, MASTERCARD, AND DISCOVER**

Signature \_\_\_\_\_

Date \_\_\_\_\_