

# Joseph Renzi Jr., Inc

## The Office of Drs Habjan, House and Renzi

999 N. Tustin Avenue #219 | Santa Ana CA, 92705 | (714) 972-1359 | (714) 972-2827

### Written Financial Policy

Thank you for choosing our dental practice. Our primary mission is to deliver the highest and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

#### Payment Options:

- Cash, Check, Visa, Mastercard, American Express or Discover Card
- We offer a 5% courtesy accounting adjustment to patients who pay for their share of cost in cash prior to the rendering of treatment of \$1000.00 or more. This is based on our usual, customary and reasonable (UCR) fee schedule.
- NO INTEREST<sup>1</sup> Payment Plans<sup>2</sup> from CareCredit
  - o Allows you to pay over time with NO INTEREST<sup>1</sup>
  - o Convenient, low monthly payment plans<sup>2</sup> also available
  - o No annual fees or pre-payment penalties

#### Please note:

Our dental practice requires payment arrangements prior to the beginning of your treatment.

For plans requiring multiple appointments, alternative payment arrangements may be provided. For treatment plans of \$500 or more, a 50% deposit is required to secure your treatment appointment.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment. However, if we do not receive payment from your insurance carrier within 30 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier. Currently we are only contracted with Delta Dental Premier. All other PPO plans will be considered as "Out-of-Network". As a courtesy we will bill your PPO insurance. Currently we are not contracted with any HMO or State/Federally funded Dental plans.

A fee may be charged to patients who cancel and/or "No Show" **without giving us a 48-hour notice prior to their appointment (25% of the cost of that days appointment or minimum of \$25).**

Our dental practice charges a fee for returned checks (minimum fee of \$50.00). A returned check is a check returned for any reason. If a check is returned for insufficient funds, penalty fees will be assessed up to the legal limit.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want and need. Thank you for choosing our dental practice.

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Patient, Parent or Guardian Signature

Date

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Patient Name (Please Print)

Parent or Guardian's Name (Please Print)

<sup>1</sup>If paid within the promotional period of 12 months or less. Otherwise, interest assessed from purchase date. Minimum monthly payment required.

<sup>2</sup>Subject to credit approval