

BEANCA CHU, DDS, APC

Financial Responsibility:

All professional services rendered are charged to the patients and are due at the time of service, unless other arrangements have been made in advance. Necessary forms will be completed to help expedite insurance carrier payments as a courtesy to you. However, you are responsible for all fees, regardless of insurance coverage.

Assignment of Benefits:

I hereby assign all dental benefits to which I am entitled. I hereby authorize and direct my insurance carrier(s) to issue payment check(s) directly to Beanca Chu, DDS, APC for dental services rendered to myself and/or my dependents(s) regardless of my insurance benefits, if any. I understand that I am responsible for any amount not covered by insurance and I agree to pay any balance amount, in a timely manner.

Authorize to Release Information:

I hereby authorize Beanca Chu, DDS, APC to furnish and/or release any information necessary to insurance carriers concerning my/my dependent(s) dental treatment, to process my insurance claim acquired in the course of my/my dependent(s) examinations or treatment, and allow a photocopy of my signature to be used to process my insurance claim(s). This order will remain in effect until revoked by me in writing. I acknowledge that pictures of my child may be taken and used for Beanca Chu, DDS, APC's website, Facebook, Twitter, and Instagram pages.

Delinquent Accounts:

Any accounts that are sent to collections with Beanca Chu, DDS, APC are required to pay any collection fees in full as well what is owed to us, in order for our office to continue care for you and/or your dependents.

No Show/Late Fees:

Any no show appointment or late appointment without 24 hour prior notice will be charged with \$30 per appointment per dependent.

Returned Checks:

Any returned check will be charged a \$20 fee.

I have requested dental services from Beanca Chu, DDS, APC on behalf of myself and/or my dependent(s), and understand that by making this request, I become fully financially responsible for any and all charges incurred in the course of treatment. I further understand that fees are due and payable on the date services are rendered and agree to pay all such charges incurred in full immediately upon presentation of the appropriate statement. A photocopy of this assignment is to be considered as valid as the original.