

Westpark Dental

Eddy S. Shea, D.D.S. and associates
3785 Alton Parkway
Irvine, CA 92606

To Our Patients

We welcome you to our practice and look forward to providing you the finest dental care possible. That includes a mixture of good communication, customer service, pre-informed estimate and agreement on cost, clean and safe office environment, and excellent dental medicine.

As you are aware of the fact that dental insurance benefit becomes increasingly complicated and confusing especially in recent years. As practitioners, we have no control over how insurance policies and benefits are determined between employers and insurance companies. We strongly encourage you to familiarize yourself with your particular dental insurance or plan regarding the "covered" versus "non-covered" benefits. Per the request by your dental insurance company, you as a patient are financially responsible for the deductible and co-pay for any "partially" covered dental procedure and/or our regular fee for any "non-covered" dental procedure.

It is our commitment to inform you all those differences in advance, help you to determine priorities and answer any question you may have when making your dental decision. Once agree upon, it is your sole responsibility to pay for all procedures performed on you regardless whether your dental insurance(s) will help you pay for or not.

Please note that there will be a \$40 charge for each appointment not kept or cancelled without informing us 24 hours in advance. There is also a \$40 charge for each returned check and a \$40 processing fee if you request a copy of your radiographs/treatment record. Furthermore, there will be a \$40 late fee each month if you fail to meet your monthly payment obligation on time.

It is also our office policy that we **do not** release any of your dental record to any third parties without your prior written / verbal approval.

Thank you very much for your patience, understanding, and cooperation.

I have read the office policies and agreed to the terms above.

Signature: _____ Date: _____