

Colin Suzman, B.D.S., D.D.S.

4330 Barranca Pkwy, Suite 100

Irvine CA 92604

(949)552-6334

office@nicedentist.com

www.nicedentist.com



APPOINTMENT POLICY

Your appointment time is reserved just for you. If you are unable to keep your appointment, please let us know 24 hours in advance so that we may schedule a new time for you. Failure to notify us will result in a missed appointment charge of \$75.00 if scheduled with Roxanne (hygienist) and \$150.00 if scheduled with Dr. Suzman, Dr. Ravon, Dr. Woo or Dr. Pham

CONSENT FOR DENTAL SERVICES

I hereby request and authorize Dr. Suzman and his auxiliaries to perform for me all dental treatment and surgery as indicated in my dental records and to do whatever procedures that are deemed advisable in his judgment. I also authorize the administration of such drugs: nitrous oxide and or anesthetics as may be deemed advisable by the above named doctors.

DENTAL INSURANCE

Dental insurance is one of the most beneficial and most misunderstood factors in dental treatment today. This explanation will attempt to clear up many common misconceptions about dental insurance.

Dental insurance is a contract between the employer and the patient. It has NO CONNECTION at all to the provider of dental treatment. The extent of the coverage varies greatly from company to company, and sometimes even within a company. It has absolutely nothing to do with the level of service provided by the dentist and the fee charged for these services.

An often misunderstood term used by insurance companies is "UCR". This is an arbitrary fee ceiling at which the insurance company will stop reimbursement. After this ceiling, coverage for a particular procedure will cease. Again, this has nothing to do with the fee charged, but with the level of coverage negotiated by your employer.

We will make every effort possible to assist you with your particular insurance coverage. Although it is not required, we will prepare and submit your insurance claim forms at no cost as a courtesy to you. At your request we will also provide estimates that show the expected insurance reimbursement and patient share for every procedure.

To avoid any misunderstandings we wish our patients to know that all professional services rendered are charged directly to the patient and that patients are personally responsible for payment fees. Please note that the anticipated payments from the insurance companies are based upon estimates only. The patient's share; is due at the time of treatment and please remember that the ultimate responsibility of payment of service remains with the patient. I fully understand my financial obligation and responsibility to adhere to the appointment policy.

Colin Suzman, B.D.S., D.D.S.

4330 Barranca Pkwy, Suite 100

Irvine CA 92604

(949)552-6334

office@nicedentist.com

www.nicedentist.com



If your account is 60 days past due from the date of services a late fee of a minimum of \$25.00 or 1.6% of the unpaid balance owed will apply per month

Signature: _____

Date:

Response Date: