



## Payment Options

We will file claims to your medical insurance company for the services that are provided by our office. In order for the claims to process correctly, please ensure that the information that is provided to our office on the patient information form is accurate and current. If there is a change in insurance information please let us know immediately. We will submit to secondary insurance as long as we are given the correct information.

**Copayment:** A fixed amount you pay when you get a covered health care service. Copayments are collected at every appropriate visit prior to receiving the service.

**Deductible:** The amount you must pay for covered health care services before your health insurance plan begins to pay. Deductibles vary for each insurance policy and can only be estimated prior to claim processing.

**Coinsurance:** Your share of the cost of a covered health care service, calculated as a percentage of the allowed amount for the service. Coinsurances vary for each insurance policy and can only be estimated prior to claim processing.

Your insurance plan has a calendar year **deductible** that will need to be covered before they will start paying their share of your medical claims.

You will be responsible for a percentage of the allowed charges.

Your estimated out of pocket charges will be determined. **This number may change following claim processing by your insurance company; you will be notified of any additional charges or refunds promptly. The number may also change if Dr. Kim feels that it is in your best interest to change the treatment plan.**

**The following payment options will be available to you:**

1. Payment in full by cash, check or credit card (3% discount for payment with cash or check)
2. 50% down with recurring monthly payments achieving zero balance within 3 months
3. Enrollment in Care Credit prior to the procedure

You will be given the opportunity to choose one of the above options during the pre-operative process.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_