

Juergen Langenbach, DMD, A Professional Dental Corporation  
15725 Pomerado Road, Ste. 104, Poway, CA 92064  
858-451-3110

FINANCIAL GUIDELINES

This is an agreement between Dr. Juergen Langenbach, DMD, A Professional Dental Corporation, as creditor, and the Patient/Guarantor named on this form.

**Payments:** Payment in full is expected at the time of service.

**Finance Charge:** A finance charge will be applied to any portion of your balance that becomes sixty (60) days past due. The Finance Charge will be computed at the rate of 1/5% per month or an **Annual Percentage Rate** of eighteen (18) %.

**Returned Checks:** There is a \$40.00 charge for any checks returned by the bank.

RESERVED APPOINTMENT AGREEMENT

An appointment time has been reserved specially for you. This convenient system helps our office run smoothly for both our patients and our team. We schedule an appropriate amount of time for your treatment, and we take pride in staying on schedule, preventing any unnecessary waiting time. We want you to know that we value and honor your time!

When making an appointment, please be sure that your other obligations allow you enough time to arrive promptly for your dental visit. Your cooperation allows us to be on time for your appointment and our other patients.

If you find you are unable to keep your scheduled appointment, please call in advance so that we may reschedule you at a more convenient time. There will be no charge if we are notified at least 2 business days before the scheduled appointment. Office hours are Monday-Wednesday 7:00AM to 4:30PM and Thursday 7:00AM - 3:30PM.

1st Time: We will waive the fee as a courtesy (things happen!)

2nd Time: and thereafter: A minimum charge of \$50.00 per visit for the missed appointment time (relative to the treatment time scheduled). If you are a family of 2 or 3 scheduled for the same time and find that one of them is not able to attend, please try to keep the other appointments to avoid multiple charges for each of the missed appointments.

DENTAL INSURANCE

In an effort to avoid potential misunderstandings, we are taking this opportunity to explain our relationship and responsibility to you, our patient, regarding your dental benefits. Your benefits are provided by you (in the case of an individual policy), or an employer. We have no control over the quality of policy you or an employer may have chosen. Therefore, our involvement must be limited to a business courtesy to aid you in maximizing your benefits as regulated by policy limitations, whatever they may be. We encourage you to familiarize yourself with your benefits; they are as varied as there are policies.

Currently, we are considered out-of-network. I understand that being out-of-network means my dentist is not bound by a contractual fee limitation. I understand that predeterminations are not a guarantee of payment. I agree to pay my account balance for all charges regardless of how dental benefits are determined by my dental carrier.

As a courtesy, we will bill your insurance carrier to help you realize as much of your annual maximum as we can but we have no affiliation with nor any control over how they process the claim or determine benefits. You will receive any reimbursements directly from your insurance company. It is important to note dual insurance is not a guarantee of 100% coverage. **If there is any follow-up needed, we are happy to make up to two phone calls and/or provide any additional support or information your insurance carrier may need.** In the case of disputes, we readily write letters to advocate your ability to maximize your dental benefit but we cannot guarantee they will find in your favor.

*I have read and agree to the financial policy of Juergen Langenbach, DMD, A Professional Dental Corporation.*

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Responsible Party: \_\_\_\_\_ Responsible Party Signature \_\_\_\_\_