

Northampton Implant and Family Dentistry

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Welcome to our office!

Thank you for choosing Northampton Implant & Family Dentistry for your dental care needs! We look forward to joining you in the journey to continued oral health! Please let us know if you have questions about our financial policies or financial options prior to your treatment.

Financial Policy

We accept the following payment types:

- Cash and Personal checks (not postdated)
- Mastercard and Visa
- CareCredit (personal line of credit for medical/dental expenses)

We commit our services to you as a patient and will give you the best dental care possible. Treatment plans involving crowns, bridges, partial and complete dentures and implants are subject to laboratory fees. If your treatment is terminated while in process, you will be subject to any fees for incomplete services.

Cancellation Policy

We provide you with quality service and so we ask for quality time with you. The time reserved is for you only. **Therefore, if we do not receive at least 48 hours advance notice to cancel or reschedule your visit, we reserve the right to charge you a \$50 broken appointment fee. This fee must be paid prior to scheduling or rescheduling any additional appointments and is not payable by your insurance.** If you are late for your visit, it WILL affect our ability to treat you.

Insurance

Dental insurance is different from medical insurance. Please review the insurance booklet you received from your insurance provider to better understand the benefits that are available as part of your coverage. The patient payment portion covered for procedures varies depending on the coverage provided by your policy.

An estimate of the amount covered by your insurance will be provided at the time of your treatment, based on the information they provide us. The estimate is never a guarantee of the amount that will be paid. We will file all insurance claims as a courtesy to our patients. This does not however, transfer the responsibility of your financial obligation to the insurance company. If the amount paid by the insurance company differs, then you will be responsible for the difference or a credit will be applied to the account.

***As a final note: Remember, you and/or your employer pay the monthly insurance premiums. Your insurance company is accountable to YOU! Do not hesitate to contact them if you disagree with their payment or to find out the status of your claim or estimate.**

By signing below, I confirm that I have read and understand the policies outlined above. I have either received or been offered a copy of the **HIPAA Compliance Notice**.

Patient or Guardian Signature

Date