

# Tiger Town Dental Care

*Thunga Nguyen, DDS*

8160 YMCA Plaza Drive, Ste. B - Baton Rouge, Louisiana 70810 - (225)768-8200

## IMPORTANT OFFICE POLICIES

### Insurance

Our office will contact your insurance company using information that you provide us. Your insurance company will then give us an *estimated* breakdown of what they will pay towards different types of dental treatment. As a courtesy, we will file your insurance claims for you. At the time of treatment, we will collect the estimated portion that you owe based on the information given to us by your insurance company. If your insurance company fails to pay the estimated amount towards your dental treatment for any reason, you are responsible for any fees that they do not pay.

Please be aware that we are treating you, the patient, and not your insurance policy. Our goal is to provide the best, most up-to-date dental treatment available today. **Treatment plans are developed for you based on *your* needs, not your insurance coverage.**

### Payments

**Payment is due in full at time of treatment.** If you are unable to pay in full at time of treatment, it is your responsibility to inform our front office personnel prior to making your dental appointment. We accept cash, Visa, MasterCard, Discover, and American Express. For some treatment plans we also accept Care Credit. Any check returned by your bank for any reason will result in a \$30 NSF charge.

### Broken Appointments

We require 24 hour notice if you are unable to keep your appointment. If you do not give 24 hour notice, do not show up for your appointment, or arrive too late to perform the procedures for which you made your appointment, you will be charged a \$50 broken appointment fee.

### Cell Phones

As you will not be able to call, text, or email during your dental appointment, we ask that you turn your cell phone OFF prior to being seated. If this is not possible, it will be necessary for you to leave the phone in your car or at our front desk.

*I have read the above policies and have had the opportunity to ask any questions that I may have. I have received a copy of these policies and may ask to review them again if I have questions in the future.*

\_\_\_\_\_  
Patient's Signature (or parent/guardian if patient is a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Party's Signature (if someone other than the patient)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address  
(Mailing Address of Responsible Party)

\_\_\_\_\_  
City, ST

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date