Dr. Daniel Asatani D.D.S
2021 Ygnacio Valley Rd. Bldg. B Suite 3
Walnut Creek, CA 94598 (925) 939-3652

Thank you for choosing us for your dental care. We are committed to providing you excellent care, and payment of your bill is part of successful treatment. Our Financial Policy is based on an open and honest discussion of our fees.

Financial Policy	Payment in full is due to at the time of service unless other prior arrangements are made. We accept Check, Cash, Visa, MasterCard, Discover, and American Express. For your convenience we offer financing through Care Credit. Payment arrangements must be made prior to treatment rendered.
Usual and Customary Rates	We are committed to providing excellent dental treatment to all of our patients. Our fees reflect our commitment to the quality our patients deserve and are considered usual and customary for the area, regardless of any insurance company's determination.
Insurance	As a service to our patients, we will bill your insurance company if you bring in completed original insurance forms and all insurance information. Your insurance policy is a contract between your employer and your insurance company. As a health care provider, we are not party to that agreement. In the event that we accept assignment of your insurance benefits, we require that financial arrangements be made in the entire amount. Insurance policies vary and the services provided may not be covered. Our office is committed to helping our patients maximize their benefits. We are always available to answer your questions.
Minors	Payments for services of the treatment of minors is the responsibility of the adult accompanying that minor.
Missed Appointments	Once an appointment has been made, please remember this time has been reserved specifically for you. This better enables us to serve your needs. **We require a 48-hour notice to change or reschedule any appointments.** Be advised that the policy of this office is to charge for missed appointment unless we receive a 24-hour notice during business hours.
Collection Fees	Fees incurred to collect payment will be billed to and payable by the patient.
Financial Consent	The patient (or guardian) agrees to be fully responsible for total payment of treatment performed in this office.

I understand and agree to this Financial Policy and Agreement.

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Signature of patient or responsible party Date