

David H. Okawachi, D.D.S., Inc.  
Practice limited to Dentistry for Infants, Children & Adolescents  
Fellow, American Academy of Pediatric Dentistry  
Diplomate, American Board of Pediatric Dentistry

1761 W. Romneya Dr., Suite F  
Anaheim, California 92801  
(714) 635-1170  
Fax (714) 635-6800

### Financial Policy

Payment for services rendered will be expected in full at the time they are rendered for the initial examination visit. In an effort to keep overhead costs and ultimately fee increases to a minimum, our office will collect this initial fee and if you have dental insurance, they will reimburse you for any benefits you are entitled to.

#### Please be aware that if you do not have dental insurance:

- You are responsible for your child's dental fees at the time services are rendered.
- We gladly accept checks, money orders, VISA, MasterCard, Discover card and cash. We also have a dental debit card that you may apply for called CareCredit.

#### For those that do have dental insurance coverage, here are some important facts to be aware of:

- Dr. Okawachi does not have any contracts with any insurance companies, and is therefore not a preferred provider of any insurance company and not a member of any dental HMOs. Because of this, your dental benefits may be different in our office compared to an office that is enrolled in this type of plan.
- As a courtesy to you we will complete and file insurance forms relative to dental treatment. Dr. Okawachi's professional services are rendered to a patient, not an insurance company. Therefore, you are directly responsible to our office for the obligation of payment for your child's dental treatment. Your insurance company will reimburse you in accordance with your coverage benefits.
- Our office does not determine the dental benefits you have. Your employer determines them. Your particular plan may base its dollar allowance on a fee schedule, which may not coincide with current reasonable and customary fees. Deductibles, co-insurance factors and yearly maximums may combine to reduce the benefits you will ultimately receive.
- Please read your insurance policy and be familiar with it. We will do our utmost to see that you receive maximum benefits within the structure of your particular plan.
- Please provide our office with necessary dental insurance forms and vital information that will aid us in completing and submitting it on your behalf. Information such as social security numbers, dates of birth and correct phone numbers and mailing addresses all help to expedite matters.
- Please remember, for all patients, payment for the first visit is expected at the time of the appointment. Payment for subsequent services will be your **estimated** share of cost at each visit, determined by your contract with your insurance company. Once treatment is completed and your dental insurance company has paid their share, you will either be reimbursed for any overpayment or billed for any balance due. We can only estimate your dental benefits. **If we bill your insurance company and have not received payment within 30 days, you will be billed for the total amount due.** They often request more information you must provide.
- My staff will be happy to pre-estimate and pre-authorize your child's dental insurance benefits, but this takes time. Please remember that delaying your child's dental care for financial reasons is your choice. Dr. Okawachi diagnoses and plans your child's dental care ideally regardless of you having dental insurance or not.
- A pre-authorization by your dental insurance company is never a guarantee of payment.

I certify that I have read and understand Dr. Okawachi's office financial policy and will be ultimately financially responsible for my child's dental care.

---

Parent's signature

Date