LINH CAO-CHAN, DDS, FAGD 10110 SAN PABLO AVENUE, EL CERRITO, CA 94530 510-526-4747

Receipt of Dental Materials Fact Sheet

My signature below acknowledges that I have received the Dental Materials Fact Sheet dated May 2004.

Receipt of Notice of Privacy Practices

My signature below acknowledges that I have received a copy of this office's Privacy Policy Notice.

Financial Policy

My signature below acknowledges that I have read this office's financial policy and agree to its terms:

We ask that you pay for services on the same day that treatment is rendered. If you have dental insurance, we request that you pay your portion not covered by insurance, and we'll bill insurance for the remainder. If the insurance has not paid within sixty days, the remaining balance will be due and payable by you. Any due balance over thirty days old may be assessed a charge of 1.5% per month (18% APR).

PAYMENT OPTIONS: 1. CASH (personal check, cashier's and traveler's check, money order)

2. CREDIT CARD (Visa, Mastercard)

BROKEN APPOINTMENT POLICY: To avoid a fee for a broken appointment, please notify our office within 24 hours (business days) of the cancellation of appointment.

Consent for Use and Disclosure of Health Information

My signature below authorizes Dr. Cao-Chan to use and disclose my protected health information to carry out treatment, payment activities, educational and healthcare operations.

Insurance Assignment Release

My signature below authorizes Dr. Cao-Chan to submit my insurance forms for me and to directly receive payments from a third party payer.

Name (Printed)_____

Signature_____Date_____