

HUNTINGTON BEACH
DENTAL CENTER
17692 Beach Boulevard., Suite 310
Huntington Beach, CA 92647
Tel: (714) 842-5035
Fax: (714) 841-3772

**PLAN MEMBER PAYMENT POLICY
FOR CO-PAYMENTS AND NON-COVERED SERVICES**

1. A CO-PAYMENT IS A SUPPLEMENTAL FEE SPECIFIED IN THE CONTRACT BETWEEN YOU AND YOUR PLAN PAYABLE TO YOUR DENTAL OFFICE FOR PROFESSIONAL SERVICES. CO-PAYMENTS ARE DUE PRIOR TO SERVICES BEING RENDERED.
2. PLEASE NOTE THAT HUNTINGTON BEACH DENTAL DOES NOT BILL FOR CO-PAYMENTS.
3. FAILURE TO MAKE CO-PAYMENT CAN RESULT IN:
 - A. RESCHEDULING OF APPOINTMENTS.
 - B. OUR NOTIFICATION TO YOUR PLAN FOR POSSIBLE ACTION ON THEIR PART AND/ OR,
 - C. NOTIFICATION TO AN OUTSIDE COLLECTION AGENCY FOR ACTION.
4. PAYMENT CAN BE MADE BY CASH, CREDIT CARD OR PERSONAL CHECK
5. IN THE EVENT YOUR PERSONAL CHECK IS RETURNED TO US BY YOUR FINANCIAL INSTITUTION FOR ANY REASON YOU WILL BE ASSESSED AN ADMINISTRATIVE FEE OF \$25.00 IN ADDITION TO ANY OTHER BALANCE.
6. NON-COVERED SERVICES / SUPPLIES ARE PAYABLE AT THE TIME OF SERVICE.
7. A CHARGE FOR A BROKEN OR MISSED APPOINTMENT WILL BE GIVEN WITHOUT A COURTESY 24 HOUR NOTICE.

I UNDERSTAND THE ABOVE POLICY AND AGREE TO ADHERE TO THE GUIDELINES.

NAME (PRINT) _____

SIGNATURE: _____ DATE: _____