

Jean Francisco Braza, D.D.S.  
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## OFFICE POLICIES

### **Patient Responsibility for Payment**

Final responsibility for all payment rests with the patient. Jean Francisco Braza, DDS will not be held liable for ensuring the accuracy of insurance information, including, but not limited to verifying current coverage and eligibility, obtaining authorizations, or confirming co-payment and/or deductible information.

### **Insurance Coverage**

All services and procedures will be coded and billed with codes that most accurately describe services rendered. All charges not paid by your insurance company, including, but not limited to lack of eligibility, lack of benefit, co-payment and deductible amounts must be paid within 30 days of billing unless you contact us to establish payment arrangements.

### **Co-payment**

Co-payments are expected at the time of service, before services are rendered. Failure to provide co-payment may result in denial of services until sufficient funds are presented to cover co-payment and/or other required fees.

### **Broken Appointment**

There will be a \$30 charge for broken appointments without a 24-hour notice.

### **Insufficient Fund/Returned Checks**

There will be a \$30 charge for returned checks due to insufficient funds or closed accounts.

### **Payment Arrangements and Financing**

If necessary, payment arrangements can be made. Please inform the front office staff for additional information.

### **Agreement**

This notification/authorization will remain in effect from the date signed below until revoked in writing. No additional authorization will be deemed necessary for each time of service.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_