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**GEORGE F. WONG, DDS &
GRACE X. WU, DDS, Inc.**

FINANCIAL POLICY AND PATIENT PAYMENT AGREEMENT

Our financial relationship is with you, the patient. You, not your insurance company, are ultimately responsible for the payment of all fees charged. Cash, check, debit cards, or credit card payments are accepted.

If you have dental insurance, we will accept assignment from your insurance company (if they allow it) for any covered treatment. We require payment in full for any uncovered portion (co-payment) of your care and your deductible at the time of your appointment. An estimate of the amount due from you will be calculated when the appointment is scheduled.

If you do not have insurance or we cannot verify eligibility from your insurance, payment is due in full at the time of the treatment.

MISSED APOINTMENTS - LATE CANCELLATIONS – LATE ARRIVAL

When you schedule an appointment with us we reserve this time exclusively for your care. We will do our best to confirm your appointment; however, it is your responsibility to keep the appointment. A fee will be charged for consistently missed appointments, late arrivals, or late cancellations. We require 48 hours notice for all cancellations.

Signature Name of Patient, Parent, or Guardian

DATE: 8/16/2007 2:57 PM

Signature Name of Witness

DATE: 8/16/2007 2:57 PM