

# ANGELINE-DIEP LAM, DDS, FICOI

General and Aesthetic Dentistry  
Certified Dentist AADSM

3319 J Street  
Sacramento, CA 95816  
Telephone: (916) 444-2532  
Fax: (916) 440-0162

2839 Spafford Street, Suite A  
Davis, CA 95618  
Telephone: (530) 758-8828  
Fax: (530) 758-3199

## PAYMENTS

Payment is expected at the time of treatment. For your convenience, we accept the following:

\*Cash/Check (\$50.00 fee will incurred for any returned checks)

\*VISA / Mastercard

\*Insurance co-payment

Accounts carried past ninety days will incur a finance charge of 1 ½ % per month (18% APR).

## INSURANCE

As a courtesy to our patients with insurance coverage we will complete and file your insurance claim for you. Your deductible is due on your visit each year; additionally your portion is due on each visit. Payment in full is expected with twenty-five days. We do not render our service on the basis that insurance companies will pay our fees; fees are based on the particular procedure performed for the individual patient.

## INSURANCE AGREEMENT

I understand that my dental insurance is a contract between the insurance carrier, and me and not between the insurance carrier and the dentist, and that I am still responsible for all dental fees. I understand that I will be charged for all dental treatment, and that any payments received by Dr. Lam's office from my insurance coverage will be credited to my account, or refunded to me if I have paid the dental fee incurred.

## CANCELLATION POLICY

We reserve the right to charge \$50.00 for every 20 minutes, for appointments cancelled or broken without a 48 hour advance notice. A deposit is required and an approximate amount will be charged for a broken or cancelled without 72 hours advance notice, for all appointments of 1 hour or more. The advance notice is based on Monday to Thursday only.

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Signature

Date