



COMPLETE SMILE
Dr. KATHERINE YI DDS

PATIENT AGREEMENT FORM

Thank you for choosing Complete Smile as your dental treatment provider.

In order to facilitate your treatment here we ask that you read and sign this agreement. If you have any questions, please ask for clarification.

For the patients with dental insurance, we will gladly verify and process your dental insurance with the following agreement:

- Your dental insurance is an agreement between you and your insurance company.
- All patient copayments and/or patient portions are only an estimate and never guarantee of payment.
- As part of your contract with your insurance company, you are responsible for all out-of-pocket fee / deductibles and copayments.
- Insurance payments not paid after 90 days will become your complete responsibility and must be paid in full.

Missed Appointment or Short Notice Cancellations/ Reschedules:

We understand that your plans/ schedules can change. When they do, please contact us at least 48 hours in advance. A fee of \$25 will be charged to cancelations/ reschedules with less than 48 hours or with no notice prior to your appointment.

By my signature below, I acknowledge that I have review the patient agreement form and agree to the terms and policies.

Name

Signature

Date