Patient Financial Agreement & Payment Policy

D Street Dental (Steve Truman DDS Inc)

Thank you for choosing D Street Dental. We want you to understand how payment and insurance work in our office before treatment begins. Please read this agreement, ask us any questions, and sign at the bottom. We will give you a copy.

Practice: D Street Dental (Steve Truman DDS Inc) **Address:** 1099 D Street, San Rafael, CA 94901 **Phone:** (510) 883-3011 **Effective date:** June 26, 2026

---

1. Payment Is Due at the Time of Service

Payment for all services is due on the day you receive them, unless we have agreed in writing to another arrangement before your visit. If you have dental insurance, your estimated share (deductible, copay, coinsurance, and any non-covered amount) is due at the time of service.

We accept the following payment methods:

- Cash
- Check
- Visa, Mastercard, American Express, Discover [edit to match what you accept]
- Debit cards
- HSA / FSA cards
- [Other: _____]

---

2. Insurance

We file insurance claims as a courtesy to you. Filing a claim is a service we provide to help you; it does not change the fact that you are responsible for your account.

Please understand:

- **Any coverage amount we quote is an ESTIMATE, not a guarantee.** Insurance benefits depend on your plan's rules, and we cannot promise what your plan will or will not pay. The final decision belongs to your insurance company.
- Your insurance is a contract between you (or your employer) and your insurance company. It is **not** a contract between the insurance company and our office.
- **You are responsible for** your deductible, copays, coinsurance, services your plan does not cover, and **any balance your plan does not pay**, including amounts denied or paid below our fee.

- If your insurance has not paid within [number, e.g. 60] days of the date we file your claim, the balance becomes your responsibility and is due in full.
- It is your responsibility to know your own benefits, eligibility, and any limits, waiting periods, or pre-authorization requirements. Please tell us right away if your insurance information changes.

---

3. Assignment of Benefits

I authorize and direct my dental insurance plan(s) to pay benefits **directly to D Street Dental (Steve Truman DDS Inc)** for services I receive. I authorize the release of any information needed to process my claims. I understand that I am responsible for any balance not paid by my plan.

Please also understand:

- **Some plans will not honor this assignment.** Certain non-assigned, indemnity, or PPO plans may send payment directly to you instead of to our office. **If your plan pays you directly, you agree to forward that payment to us promptly** to apply to your account.
- **This authorization stays in effect until I revoke it in writing,** and in no event longer than the period our office retains your records under applicable law and our records-retention policy.

---

4. Responsible Party

The person who signs this agreement is the **responsible party** for the account and agrees to pay all charges for services provided.

For patients who are minors (under 18): The parent or guardian who brings the child to the appointment, or who authorizes treatment, is generally the responsible party and agrees to pay for the child's care. This is true regardless of any agreement between separated or divorced parents about who pays. We do not get involved in disputes between parents about who is responsible; we look to the adult who presents the child for treatment.

Exceptions for certain minors: Under California law, an **emancipated minor**, or a minor who lawfully consents to their own care in the limited circumstances California permits, may be the responsible party for that care. We will identify the financially responsible person at the time of service in those situations.

---

5. Appointments: Cancellations, No-Shows, and Late Arrivals

Your appointment time is reserved just for you. When an appointment is missed or canceled at the last minute, that time cannot be offered to another patient who needs care.

- **Please give us at least 48 hours' notice** if you need to cancel or reschedule.

- **Missed-appointment / late-cancellation fee:** If you cancel with less than 48 hours' notice or do not show up, a fee of **$[blank]** may be charged to your account. This fee is **not** billable to insurance and is your responsibility.
- **Program exception:** We will **not** charge this fee to any patient when doing so is prohibited by that patient's coverage program. For example, missed-appointment fees are not charged to **Medi-Cal / Denti-Cal** beneficiaries, consistent with program rules.
- **Late arrivals:** If you arrive late, we will do our best to see you, but we may need to shorten your visit or reschedule so we stay on time for other patients. Arriving more than [number, e.g. 15] minutes late may be treated as a missed appointment.

---

6. Returned Check / Declined Card Fee

If a check is returned by your bank, or a card payment is declined or reversed, a service charge of **$[blank]** will be added to your account. We may also ask for payment by cash, money order, or another guaranteed method going forward.

> [Set this amount to comply with **California Civil Code § 1719**, which caps the returned-check service charge at **$25 for the first** check returned and **$35 for each additional** check (absent the separate treble-damages demand procedure). Do not enter an amount above these caps.]

---

7. Past-Due Balances and Collections

We will send you a statement for any balance due. If your account becomes past due:

- A balance is considered past due [number, e.g. 30] days after the statement date.
- [**Optional — confirm with counsel before including.** A late charge or service charge of [amount or percentage] may apply to overdue balances. **Note:** A periodic finance or service charge on a consumer account can itself trigger federal Truth in Lending Act / Regulation Z disclosure duties and is subject to California's usury limits (generally a 10% per-year cap for non-exempt lenders). Either leave this out, or insert a specific, lawful, disclosed rate that counsel has confirmed and that is reflected in the acknowledgment in Section 11. Do not leave an open-ended or blank rate in the final form given to patients.]
- If your account remains unpaid, we may refer it to a third-party collection agency or take other lawful steps to recover the balance. You may be responsible for reasonable collection costs to the extent permitted by law.

We would much rather work something out with you than send an account to collections. **Please call us at (510) 883-3011 if you are having trouble paying** — we can often arrange a plan.

---

8. Payment Plans and Third-Party Financing

We offer options to help you afford care:

- **Third-party financing** such as **CareCredit** [and/or other], which is a separate credit account between you and the financing company.
- **In-office payment arrangements**, when approved in advance and put in writing.

Truth in Lending Act notice: If our office itself extends credit to you that is repayable in **more than four installments**, or that includes a **finance charge**, federal law (the Truth in Lending Act / Regulation Z) requires us to give you a separate written Truth in Lending disclosure before you sign. That disclosure states the **amount financed, the finance charge, the annual percentage rate (APR), the total of payments, and the payment schedule.**

If an in-office payment plan applies to you, our written In-Office Payment Plan Addendum — containing the full Truth in Lending disclosures above — is incorporated into and made part of this agreement by reference. Ask us for that addendum; you will receive and sign it before any in-office plan begins. (Note: if your dental care is financed through a third-party lender such as CareCredit, that lender — not our office — provides the Truth in Lending disclosures for your account with them.)

---

9. California "Credit for Dental Services" Notice

This notice is provided, signed, dated, and copied to you at the time any third-party financing (such as CareCredit) or any in-office financing is arranged — not merely as part of intake. It is set in at least 12-point type as required by California Business & Professions Code § 1683.1.

NOTICE — CREDIT FOR DENTAL SERVICES

[**INSERT THE VERBATIM STATUTORY NOTICE LANGUAGE REQUIRED BY CALIFORNIA BUSINESS & PROFESSIONS CODE § 1683.1.** The legally operative text must be the exact wording the statute and the Dental Board of California currently require, in at least 12-point type. The plain-language summary below is for patient understanding only and **does not replace** the mandated statutory text. Counsel must confirm the current required wording and insert it here before this form is used.]

In plain language (summary only — not a substitute for the required notice above):

- You may be signing up for a credit account or loan with a third-party lender, **separate from your treatment with this dental office.**
- You may owe **interest and finance charges** on this account, and these charges may be **substantial** if the balance is not paid within any promotional or no-interest period.
- **You are responsible for repaying the lender** even if your treatment is not completed, or if you are unhappy with your care. Disputes about your dental care are separate from your duty to repay the lender.

> - You have the right to ask questions, take this information home, and read all documents **before** you sign anything.
> - You should not feel pressured to apply for credit. Ask our office about other ways to pay.

Acknowledgment of this notice (signed only when financing is arranged):

I received a copy of this "Credit for Dental Services" notice, and I have read and understand it.

Patient / Responsible Party Signature: _____ ***Date:*** _____

- [ ] I received a copy of this notice.

---

10. Other California and Federal Notices

Medical Debt and Credit Reporting (California Civil Code § 1785.27)

As required by **California Civil Code section 1785.27**, **we will not report any balance you owe US for dental services to any consumer credit reporting agency.** A balance on your account with this office will not be furnished to consumer credit bureaus.

Please note: A **separate financing account, such as CareCredit, is between you and that lender.** The lender has its own credit-reporting practices, which our office does not control, and the protection above does not apply to what the lender may report about your account with them.

> [Counsel: confirm the citation, effective date, and exact scope of § 1785.27 (recently enacted/amended), and confirm the statute's carve-out for amounts charged to a general credit card versus a medical-specialty card or line of credit such as CareCredit.]

Good Faith Estimate (Federal No Surprises Act) — For Uninsured and Self-Pay Patients

Under the federal **No Surprises Act**, if you are **uninsured** or choose **not to use your insurance (self-pay)**, you have the right to receive a **Good Faith Estimate** of the expected cost of your care. **We will tell you about this right and provide a Good Faith Estimate automatically — you do not have to ask.** You may also request one in writing at any time.

- We will provide your Good Faith Estimate within the timeframes required by law: generally **within 1 business day** of scheduling a service that is at least 3 business days away, and **within 3 business days** of scheduling a service that is at least 10 business days away (or within 3 business days of your request).
- If you are billed for **at least $400 more** than your Good Faith Estimate (for a given provider), you may be able to **dispute the bill** through the federal patient-provider dispute resolution process.
- Keep a copy of your Good Faith Estimate.

For questions about a Good Faith Estimate, contact [Privacy Officer name / Office Manager] at (510) 883-3011. To learn more, visit www.cms.gov/nosurprises or call (510) 883-3011.

---

11. Authorization and Acknowledgment

By signing below, I acknowledge that I have read, understand, and agree to this Patient Financial Agreement & Payment Policy. I understand that I am financially responsible for all charges for services provided to me or to the patient named below, regardless of insurance coverage.

Please initial each item to confirm you understand:

- [ ] Payment is due at the time of service.
- [ ] Insurance quotes are estimates, not guarantees, and I am responsible for any balance my plan does not pay.
- [ ] I authorize my insurance plan to pay benefits directly to the practice, and if my plan pays me directly I will forward that payment to the practice (assignment of benefits).
- [ ] I understand the 48-hour cancellation policy and the missed-appointment fee.
- [ ] I understand the returned-check / declined-card fee and the past-due / collections process.
- [ ] I know I may request a Good Faith Estimate if I am uninsured or self-pay, and the practice will also provide one automatically.
- [ ] I received a copy of this Patient Financial Agreement & Payment Policy.

(The California "Credit for Dental Services" notice in Section 9 is acknowledged separately, with its own signature and date, at the time financing is arranged. The checkbox above does not replace that separate signed acknowledgment.)

Signatures

Patient Name (printed): _____

Patient Signature: _____ ***Date:*** _____

Responsible Party Name (printed, if different from patient): _____

Responsible Party Signature: _____ ***Date:*** _____

I received a copy of this Patient Financial Agreement & Payment Policy. **Initials:** __

For Minor Patients (under 18):

Minor Patient Name (printed): _____ ***Date of Birth:*** _____

Parent / Guardian Name (printed): _____

Parent / Guardian Signature: _____ ***Date:*** _____

Relationship to patient: _____

D Street Dental (Steve Truman DDS Inc) — 1099 D Street, San Rafael, CA 94901 — (510) 883-3011. Questions about this policy or your account? Contact [Privacy Officer name / Office Manager]. Form effective June 26, 2026. This is a starting template; have California healthcare counsel review and confirm all statutory citations, mandated notice language, finance-charge rates, and fee caps before use.