Studio Smile

Written Financial Policy

Thank you for choosing Jian Huang, DDS, MAGD and the staff at Studio Smile of Nashville. Our primary mission is to deliver the best and most comprehensive dental care available.

Our office requires payment PRIOR to the beginning of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case. A no cancel/no show fee starting at $50.00 per hour of the scheduled appointment will be charged to patients who do not cancel with at least a 24 hour advance notice. Dr. Huang also charges a return check fee in the amount of $30.00

1. For your convenience, we will submit a claim to your insurance company one time for each date of service.
2. We will contact your insurance if they have not responded within 30 days.
3. If your insurance company has not responded to our submitted claim and phone call, the balance will be turned over to your for payment. It will be YOUR responsibility to follow up with your insurance company on your claim.
4. ALL balances are due within 30 days. If at all possible our office will help arrange a payment plan for balances over $200.00.
5. If you have a deductible and/or coinsurance agreement with your insurance, it is your responsibility to know your policy. We will attempt to obtain all benefit information, but there is NO guarantee of coverage on any claim submitted.
6. Your insurance coverage is a contract between you and your insurance company.
7. Any payments you make that are subsequently paid to us by your insurance company will be reimbursed to you; we have up to 60 days to refund you after your insurance company pays our office.
8. Any account with balances over 30 days and are without an established current payment plan will be sent to a collections agency. Your will be responsible for all fees charged by the collection agency.

Please understand all insurance benefits are pre-determined and are not a guarantee of payment from your insurance company. Co-pays are an ESTIMATE based on the information gathered from your insurance company.

If you have any questions, please do not hesitate to ask. We are here to help you get the best dental care that you need.

This signature on file is my authorization for the release of information necessary to process my claim. I hereby authorize payment directly to the dentist named on the insurance claim otherwise payable to me. I understand that I must do my part to ensure payment of Dr. Jian Huang's services.

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Patient, Parent or Guardian Signature Date

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Patient's Name (Please Print)