

OFFICE FINANCIAL POLICIES

Welcome! Thank you for choosing us as your dental health care provider. We are committed to providing you and your family with the very best dental care. We want you to feel welcome and as comfortable as possible throughout our relationship. We encourage you to ask questions and to be involved in treatment decisions. This includes understanding your treatment plan as well as our financial policies.

FINANCIAL AGREEMENT

PATIENT PORTION IS DUE IN FULL AT THE TIME OF SERVICE. WE ACCEPT **CASH, CHECKS, VISA, MASTERCARD, DISCOVER, AND DEBIT CARDS.** WE ALSO OFFER **CARE CREDIT** WHICH IS AN EXTENDED PAYMENT PLAN WITH PRIOR CREDIT APPROVAL. There is a **\$30.00 fee** for any returned checks. Outstanding balances older than 60 days will incur a finance charge of 1.5% monthly (18% annually). Any account that has not received payment after 90 days will be handed over to a collection agency, and you agree to pay all of the collection costs that are incurred. **We require at least 24 hour notice for any cancelled or rescheduled appointments. A \$50.00 CHARGE WILL BE INCURRED FOR FAILED APPOINTMENTS AND APPOINTMENTS CANCELLED WITHOUT 24 HOUR ADVANCED NOTICE.**

INSURANCE

We require that any **estimated** out-of-pocket portions, deductibles, and services not covered by your insurance plan, be paid at the time the service is provided.

Please understand that any estimated out-of-pocket portions that you pay on the day of service are **only an estimate**, and are based upon the information available to us at that time. **We can never guarantee insurance reimbursement for services rendered.**

Your insurance is a contract between you, your employer, and the insurance company. We encourage all of our insured patients to become familiar with the coverage and deductibles on their insurance plans. As a courtesy to our insured patients, we will electronically submit claims to your insurance company. We will help you to receive your maximum allowable benefits. In order to do this, we will need your insurance card and insurance policy information on your first visit of every calendar year (please note: your insurance year may not run January-December).

Our practice is committed to providing the best treatment for our patients, and we charge what is **usual and customary** for our area. Dr. Kassem will diagnose treatment based on your dental health, not your insurance coverage. You are responsible for payment, regardless of any insurance company's arbitrary determination of usual and customary rates.

If you have any questions regarding the above information, please do not hesitate to ask us. We are here to help you.

I HAVE READ THE POLICIES DESCRIBED IN THIS FORM. I AGREE TO ABIDE BY THE TERMS OUTLINED. I UNDERSTAND AND ACCEPT MY FINANCIAL RESPONSIBILITIES.

Patient's Name (Please Print)

Date

Signature of Patient/Responsible Party

Date