

Patient Financial Policy for Individuals & Families

PLEASE
INITIAL
BELOW

Welcome to Dr Javaheri's office. We are dedicated to providing you with the very best dental care and services, as a result, your understanding of our financial policy is an essential element of your care and treatment. To assist you, we have the following financial policy. If you have any questions, please feel free to discuss them with our office staff.

- **Payment is due when services are rendered.** For your convenience, we accept Visa, MasterCard, Discover, and American Express credit cards; we also accept cash and check payments. Outside financing is available through CareCredit.
- **We offer dental insurance billing as a courtesy to our patients.** You, the financially responsible party, agree that you are responsible for any and all charges for services rendered, should your insurance company fail to pay any portion of the claim(s) we submit on your behalf.
- **If you have dental insurance, we require your estimate portion (Patient's Portion) of your fee at or before the time service is to be rendered.** We will file a claim with your insurance company and you will be billed for any balance that remains after insurance has paid. We ask that you provide us with complete and accurate insurance information.
- **Regardless of insurance coverage and/or determination of usual and customary (UCR) rates, the patient is ultimately responsible for any and all charges for services rendered.**
- **If you are unable to keep a scheduled appointment, we require a 24 hour notice in order to allow another patient to benefit from that time.** Failure to let us know of your cancellation 24 hours in advance will result in a nominal charge of \$50.00 per 60 minutes of scheduled appointment time
- **You, the financially responsible party, agree to pay for any collection fees, including legal or other services, necessary to collect overdue accounts.** There will also be a \$50.00 charge for any returned check. Balances greater than 90 days past due will be turned over to a collections agency and assessed a \$150-\$500 penalty fee, plus 18% interest on the outstanding balance.
- **There is a \$35 fee to copy patient records, unless we are copying them for a specialist referral we have arranged. If you had the x-rays taken as a free promotional service you are responsible to pay the full fee for the x-rays which are \$110.00**

We are committed to providing you with the best possible care. We also would like to make the process of paying for services as convenient as possible. In order to achieve these goals, we need your assistance, and your understanding of our payment structure.

Payments for service are due at the time services are rendered or according to financial arrangements that we have agreed upon and have approved in advance. Returned checks, for any reason, are subject to a \$50.00 returned check fee. Payments are considered past due at 10 days from the payment due date and are **subject to a \$20.00 late fee and, if necessary, collection fees. If the credit card on file is declined on the date it is processed you will be subject to a \$50 processing fee in addition to a late fee. Charges may also be made for broken appointments cancelled without 48 hours notice.** There is a finance charge of 18%APR for balances over 60 days in addition to all other fee's. If you have dental insurance coverage, we will submit a claim for services rendered and payments can be made directly to our office. However, this dental office cannot render services on the assumption that our charges will be paid by an insurance company it is your responsibility to inform this office of any changes to your insurance coverage and contact information. If for any reason your coverage is terminated any amount left payable to this office will become your responsibility. If you have any questions with regard to your insurance benefits, you should refer to your insurance company or your personnel office.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. In the event your payment is over 30 days late without prior notice you will be subject to a collection processing fee up to \$500.00. There are no refunds for treatment in process. Any overpayments/refunds may take 7-10 business days to process. If you have any questions about the above information, please do not hesitate to ask us. We are all here to help you.

We appreciate you taking the time to read this policy statement. We are pleased to welcome you and your family to our practice and thank you for choosing us for your dental needs!

I, _____, have read and understand the Patient Financial Policy for Main Street Dental and Smiles by Design San Diego.

Signed _____ Date _____ **SIGN HERE**