



Dental Practice of Dr. Behzad A. Mayelzadeh

Financial Policy Notice and Disclaimer

We feel that everyone benefits when there is a definite and clear understanding of our financial policy prior to treatment.

PATIENTS WITHOUT INSURANCE COVERAGE

We request payment before or at time of service and do not send billing statements following treatment. This is a benefit to our patients as we are able to keep our practice costs down by not having the time and expense of billing and collections, and therefore we are able to keep our fees competitive for our patients. We accept credit cards if you do not have cash or a check on you at this time.

Many of our patients like to take advantage of our 5% courtesy when the total amount is received in full before or at time of the planned dental treatment. This also allows us to reserve the doctor's time for larger procedures and assures you of your reservation. We accept cash, check or credit card for this payment option.

THIRD PARTY FINANCING

We are happy to offer patients, upon application approval, a monthly payment plan through Care Credit. There are several interest-free payment plans to choose from and some extended payment plans with small interest rates offered as well. Please feel free to request more information about this option.

PATIENTS WITH INSURANCE COVERAGE

As a courtesy, our office will file a claim to your insurance **if current and correct information is provided**. You will be expected to pay your deductible and co-payment at the time of service, and we will file with the insurance for available benefits. If your insurance company denies, makes less than full payment, or takes more than **45** days to remit payment, **you are responsible for the entire balance** at that time. If insurance needs to be re-filed due to incorrect information, we will be happy to supply you with a form so you may re-file. We highly encourage you to place a credit card on file with our office to take care of the remaining balance not covered by your insurance. **Please understand that after 45 days any balance remaining on your account will be assessed a fee of 1.25% of the balance due**. If you would like for our office to file your dental insurance, we ask that you provide us with a credit card number to transfer any unpaid balance delinquent over 60 days. **We will contact you before processing any transaction**. All accounts over 90 days will be notified in writing of their account being transferred to a collection agency. You will be responsible for all collection cost, reasonable attorney fees, and court cost. In the event an insurance payment produces a credit balance, we will refund or credit your account.

ABOUT YOUR INSURANCE BENEFITS AND VERIFIED CO-PAYMENTS

Dental benefit plans are a subsidy arranged by your employer to defray some cost of your dental treatment. The amount of subsidy depends on what type of plan was purchased and how much your employer paid for the plan. Good plans will cover most services and base medically necessary, or will pay a fee based on a discounted amount of the actual fee. Furthermore, most plans will limit their annual benefit to a rather small amount. (I.e. \$1,000)

If you provide your correct and current information we will contact your dental benefit plan prior to your appointment, and will be able to discuss the **estimate** of your benefits at your initial visit. This will be only an **approximate** figure, sometimes the plan pays more and sometimes they unfortunately pay less. We work very hard to maximize your dental benefits and will provide you with a refund if we receive more than the estimate. Furthermore, we will help you obtain your maximum benefit by electronically filling claims and following up with the carrier on your behalf for any claims that are not promptly paid.

Please note that our office does not file claims to secondary insurance carriers and you are responsible for any amounts not covered by your insurance. Dandune Dentistry, only acts as a third party administrator.

We provide you state of the art dentistry and the best preventative care possible regardless of your chosen payment option and/or insurance coverage.

CANCELLATION POLICY

Our relationship with you is something we do not take lightly. We endeavor to give you the highest quality dental and preventive healthcare possible. To provide these services, our patients must attend their appointments as scheduled.

We reserve the right to reschedule your appointment or decrease your designated appointment time if you arrive late. Our office must be informed of any cancellations at least 48 hours in advance. Otherwise, we will regrettably charge your account \$50 for the time you were scheduled that day. If you cannot make your appointment and our office is informed with advance notice of 48 hours or more, the appointment may be rescheduled without penalty. If you miss more than one appointment without prior notice, we regrettably have to refer you to another dental practice for your oral care. Any courtesy discounts are subject to cancellation if you don't comply with Dandune Dentistry's cancellation policy.

I acknowledge that I have read, understand, and agree to Dandune Dentistry's Financial Policy Notice and Disclaimer.

Signature: _____

Date: _____