

OAK HARBOR

Dental

Cassim Ahmed DDS and Nivine Dughayli DDS, LLC. 11707 West State Route 163 Oak Harbor, Ohio 43449 419.898.6633

Payment Policy Acknowledgment

We are committed to providing you with the best possible dental care. Our fees reflect our professional commitment to excellence. If you have dental insurance, we are happy to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy. For the convenience of our patients, we offer the following method of payment of fees:

- A. Payment in full by cash, check, bankcard, or alternate financing for each appointment as service is rendered.
- B. We offer a 10% courtesy discount for those without insurance and for our Veterans
- C. We accept insurance assignments, but require that the deductible, co-insurance and non-covered fees be paid at each visit. In the event of a duplicate payment, you will be reimbursed.
- D. Visa, MasterCard, American Express and Discover are accepted.
- E. Alternate financing accounts, such as Care Credit, are accepted and encouraged. Please ask us about this method of financing your care. We will be glad to assist you in filling out an application. Credit approval is required.
- F. Services that require multiple visits: payment of ½ at the initial appointment and ½ at completion is expected.
- G. Please be aware that any parent bringing a child to our office is legally responsible for payment of all service rendered.

It is Important that you realize...

- 1. Your dental benefit program is a contract between you, your employer, and the insurance company. We are not a party to that contract. This office files your insurance as a courtesy to you. It is very important that you take the time to read and understand the information provided to you by your insurance company including your member handbook. All insurance companies have limits on the services they cover, and it is extremely important that you know your membership eligibility, benefits, limitations and exclusions under your specific plan.
- 2. Not all dental procedures are covered by insurance benefits, some insurances downgrade posterior restorations. Please know that if you have insurance you are responsible for any amount not allowed/covered by your insurance company.
- 3. You (not the insurance company) are responsible to us for all of our fees for services rendered to you.
- 4. Procedures planned may change during the course of treatment due to unforeseen circumstances. Changes may affect the cost of care.
- 5. For patients who have insurance, an **ESTIMATE** will be given of the benefits that the insurance company is expected to pay, and any co-payment when requested by the patient.

We will gladly discuss your proposed dental treatment and answer any questions you might have as to the involvement of your dental benefit program in receiving this care.

Patient Name Printed		
Patient or Responsible Party Signature	Date	