

OUR FINANCIAL POLICY

Thank you for choosing us as your dental provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy, which we request you read and sign prior to any treatment.

FULL PAYMENT IS DUE AT TIME OF SERVICE.

WE ACCEPT CASH, CHECK, AND VISA/MASTERCARD.

Regarding Insurance

Under normal circumstances, we may bill and accept insurance payments upon verification of insurance. If insurance has not been verified we will require payment in full at the time of service. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event we do accept assignment of benefits we require that you pay the estimated co-payment for each visit at the time of service. If your insurance company has not made a claim payment in full within 45 days, the balance becomes your responsibility and is due in full. Any money paid by the insurance company after you have cleared your balance will be refunded to you.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Missed Appointments

Unless cancelled at least 24 hours in advance, our policy is to charge \$50 for missed appointment. To avoid unnecessary cost to you please keep your appointments.

In consideration of the professional services rendered to me, or at my request, by Dr. Mamta Desai and/or staff, I agree to pay the reasonable charges for services provided.

I have read, understand and agree to the financial policy.

Name: _____

Signature: _____ Date: _____