



FINANCIAL POLICY

Thank you for choosing our dental office. We are committed to providing the best dental care possible. Please understand that payment of your bill is considered part of your treatment. The following statement explains our Financial Policy. Please read carefully.

- Please provide accurate, complete personal, and insurance information prior to treatment.
- All applicable co-pays, account balances, both current and prior, are due at the time of service.
- We accept cash, check, all major credit cards, and HSA cards.

Dental Insurance

Our office participates as a Premier Provider with Delta Dental. While our office is able to bill most insurance plans, **our rates are only contracted with Delta Dental**. If you have a plan that is not affiliated with Delta Dental, please contact your insurance company to ensure that you are able to see an out-of-network dentist. Please be aware that it is the patient's responsibility to understand their dental benefits, and that insurance is a contract between the patient, and their insurance company. In addition, insurance estimates are not a guarantee of coverage as the final determination of payment is determined by the insurance provider at the time a claim is received. If you are uncertain about the limitations of your policy, please contact your insurance provider to learn more about your benefits, and potential out-of-pocket expenses. If you have any concerns, please do not hesitate to let us know. We are happy to help.

Cost of Treatment

Treatment plans are customized to the patient's individual care. To that end, we do our best to make patients aware of their financial investment, and do so by providing **estimates** of out-of-pocket expenses based on the patient's insurance coverage. Please know that any estimate given is just an estimation of costs, as insurance providers do not guarantee coverage until a claim is received.

Financing

Our office does not offer "in-house" financing; however, we can help you work with CareCredit if financing is needed. We accept cash, check, all major credit cards, and HSA cards.

Missed Appointments

Our office requires two business days notice in order to cancel, or reschedule, an appointment. Patients that cancel appointments with less than two business days notice will be assessed a \$60 fee.

I authorize Dr. Siamak Najafi to release pertinent dental/medical information to my insurance company when requested, or in order to facilitate payment of a claim. I authorize my insurance benefits to be paid directly to Dr. Siamak Najafi.

Financial Guarantor - Printed Name _____ Signature _____

Date ____/____/____