

Sepehri and Associates
Parisa Sepehri DDS

FINANCIAL POLICY

Thank you for selecting us as your dental health care provider. The following is a statement of our financial policy, which we ask you to read and sign prior to any treatment rendered. In order to assist you in making payment for your dental treatment, several options are available. Payment may be made with cash, check, Visa, MasterCard and American Express. Unless specific arrangements have been made prior to treatment your balance is due at the time services are rendered. We also offer financing for qualified applicants who choose to extend payments over a period of time through Care Credit. **A finance charge of 18% will be assessed on unpaid balance for accounts over 30 days.**

REGARDING YOUR INSURANCE

Many people are under the impression that if they have insurance, it is the insurance company that owes the doctor for there services. This is not the case. The insurance contract is between the patient and the insurance company. Therefore the patient is responsible for the bill, regardless of insurance coverage. As a courtesy we will bill primary and secondary insurances.

Rarely does an insurance plan cover 100% of all services rendered; some routine and necessary dental services are not covered by all insurance carriers. **Please remember that you are responsible for your total obligation should your insurance benefits result in less coverage than anticipated.**

MINOR PATIENTS

The adults accompanying a minor and the parents (or guardians of the minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, credit card, or payment by cash or check at the time of service has been verified.

APPOINTMENTS

The appointment that you scheduled is reserved specifically for you and if you must reschedule your time we ask that you please call us as soon as possible. Appointments change without **24 hours notice will be subject to a broken appointment fee of \$39.00.** We realize that time is very important to you so we make every effort to stay on time and ask that you keep the same consideration by being prompt for your appointment. If you or a member of your family has missed 3 appointments you will be subject to dismissal from Dr Sepehri's dental practice.

We reserve the right to charge a \$35.00 fee for all checks returned for non-sufficient funds. If it becomes necessary to effect collections of any amount owed, the undersigned agrees to pay for all costs and expenses, including reasonable attorney fees. Dr. Sepehri and Associates are authorized to release information necessary to secure payment of benefits.

Patient Signature/Responsible Party

Date