



SUPERIOR

Cosmetic & Family Dentistry

Financial & Privacy Policy

Our goal is to provide you and your family with the finest dentistry available. In this spirit, we have developed affordable services that, when performed on a timely basis, can prevent future costly procedures. Please review our privacy and financial policy. Your clarity in the administration and payment of your dental expenses will help us maintain a successful dental health relationship.

Insurance/Third Party Payers

If you have dental insurance for which we are providers, we will accept your insurance as payment and submit your insurance claim, provided that we can verify your coverage at the time of your visit. Any co-insurance payments or deductibles are due at the time of service. We can only provide an estimate of coverage. We submit your insurance as a courtesy to you. If there are any payment issues with your insurance company, we will attempt to assist in the resolution, but ultimately you, the patient, are responsible for all charges incurred in our office.

Cancellations

We reserve space in our office for you and your family to receive care. Should you need to break your appointment, please let us know at least 24 hours in advance. If any appointment is broken without advance notice, a \$50.00 broken appointment fee will be assessed per half hour of appointment time scheduled. This fee will become due as a part of your account balance, and it will need to be satisfied prior to scheduling future appointments.

Payments

Payment is expected at the time of service. During your appointment, we will accept any of the following payment methods:

- Cash/Money Order
- Credit Card
- Visa
- MasterCard
- Discover

Please make necessary financial arrangements prior to treatment. All balances must be fully settled before or at completion of treatment. In the event that your balance remains unsettled, after 30 days, are subject to finance charges of 18% APR and may be forwarded to a collection agency. All fees associated with the collection of your balance (i.e. admin fees, finance charges, collection agency fees, attorney fees, etc.) as well as a \$300.00 processing fee, will be your responsibility.

We are here to serve you and your family. This financial policy helps us keep the cost of administering dentistry affordable for you. Please assist us, as a partner in your dental health, by following our policies and let us know if you have any questions or concerns.

Thank you, and welcome to our practice!

Please read and sign the statement below:

I have read and understand this financial policy and agree to the above terms. I permit Dr. Ali Shatergholi and Dr. Melika Shatergholi to release my health information to third party and/or other practitioners, if necessary. I authorize and request my insurance company to pay directly to Dr. Ali Shatergholi and Dr. Melika Shatergholi. I accept responsibility for payment of all services rendered on my behalf and the behalf of my dependants.

Patient/Parent/Guardian Signature

Date