



We are so pleased that you have chosen our practice to take care of your dental needs. We will do our very best to give you the most excellent dental care available. It is very important to us that we earn your trust.

So that we can prevent any misunderstandings and maintain a positive relationship with you, the following is the practice's financial policy. We thank you for your understanding and cooperation with these policies. After having read the policies, please sign at the bottom.

- **Payment due at the time of service** - We will request that you make your payment on the date that the services are rendered. We accept cash, checks, credit cards, and debit cards. We also accept CareCredit. For our patients who are children, you will be required to send payment with whoever brings the child to the appointment.
- **Insurance Patients** - patients who are fortunate to have dental insurance coverage will be required to pay their estimated co-payments at the time of the service. However, we require new patients to pay their fees in full at the time of service to establish their accounts. A co-payment is the amount that insurance does not pay based on the percentage of fees covered by the plan, the usual and customary fees that the insurance company follows, deductibles, and plan maximums. We will only file for primary and secondary plans. If you have additional dental plans, you will be responsible for filing claims with those plans yourself. You will be responsible for paying fees in full when a claim is still unpaid after sixty (60) days.
- **Credit Card on File** - We suggest that you leave your credit card on file with us to be used to cover co-payments after your insurance plan makes payment.
- **Returned Checks** - If any checks are returned by the bank, we require that the check be immediately reimbursed in cash. A \$25.00 returned check fee will be charged to your account. Your account will then be placed on a cash only basis.
- **Broken Appointments** - We require that at least twenty-four hours notice be given on appointment cancellations. If an appointment is cancelled in less than twenty-four hours or is broken, a minimum fee of \$25.00 fee will be charged to your account. Patients who have broken more than three appointments may be dismissed from the practice.

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Patient/Parent/Guardian

\_\_\_\_\_  
Date

Zahra Afsharzand, D.M.D.  
Prosthodontist #5584

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