A. Farid Bolouri DMD, PC
Financial Policy

Thank you for choosing us as your dental provider. We are committed to restoring and maintain your oral health. Please understand that payment of your bill is considered part of the treatment process. The following is a statement of our Financial Policy, which we require you to read and sign prior to receiving treatment.

INSURANCE

It is important for you to know that, though we bill your insurance company as a courtesy to you, the amounts charged to you for all services are ultimately your responsibility. Your insurance policy is a contract between you, your employer and your insurance company. We are not a party to that contract. We cannot bill your insurance company unless you give us your correct insurance information.

Individual insurance companies determine their allowable fee based on their specific plans. Payment for services are based on the allowable amount determined by your insurance company and will vary depending on your policy. Your policy may ask you, the Subscriber, to pay a deductible, the difference between billed and covered expenses, and may have certain non-covered services. Services not covered by your insurance will be billed directly to you. Any outstanding balance will need to be paid at all appointments.

We will make reasonable attempts to collect approved benefits from your insurance for a period of 90 days following your treatment. However, you are ultimately responsible for your dental bills. You will receive a monthly statement showing the amount outstanding that is your responsibility.

Insurance companies will not furnish the specific amount that they will cover on a procedure. We provide estimates based on individual needs, and with the limited amount of information our insurance company is willing to provide to us, which are subject to change. We offer this services as a courtesy to you. We accept no responsibility for changes of estimates due to, but not limited to, changes in treatment plans, covered and non-covered services based on your policy, changes in deductibles, or increased fee schedules.

IF YOU DO NOT HAVE INSURANCE

If you do not have dental insurance, it is our policy that you pay the amount of your procedure on your first visit. We accept cash, personal checks, and most major credit cards.

FEES, PENALTIES AND INTEREST

A fee of $25.00 is charged for all checks returned from the bank unpaid. A fee of $25.00 is charged for all credit cards charged back by the merchant unpaid.

Appointments which you do not cancel at least 24 hours in advance will be charged to you at $25.00 per hour of appointment.

It is our policy that you pay for your procedure at the time of the first visit. There will be a 2% interest (24% per annum) added to past due amounts every month until payment has been made in full. A statement fee of $10.00 per statement is added to all accounts that are left unpaid after 90 days for each statement mailed until payment has been made in full on your account.

All accounts more than 90 days past due may be sent to small claims or collection agency. In the event your account is sent to small claims or collection agency, a $200 processing fee and $200 administration fee and a $100 application and filing fee and legal fees will be added to the balance of your account. Legal fees will be defined as the cost of court fees and attorney's fee if applicable.

I have read the Financial Policy. I understand and agree to abide to this Financial Policy.

Signature of Patient:_____ Date: _____

Signature of Responsible Party: _____ Date: _____