

WELCOME TO OUR PRACTICE

Thank you for choosing us as your dental care provider. As a new patient, it is necessary to gather as much information about you as possible. The specific types of images prescribed are tailored to meet individual needs. These will be determined after the visual exam. Cleaning without a detailed examination and these images is considered negligent. Many minor dental problems can be diagnosed through images and treated preventatively before they turn into larger ones. We understand that everyone's situation is different, and we believe our greatest strength is our commitment to quality dentistry.

OUR FINANCIAL POLICY

After your examination, you will have a Treatment Consult with Dr. Mahooti. He will go over, in detail, the plan specific to your needs. You will receive a written estimate and complete description of recommended treatment. The Office Manager will work with you to choose from one of the following methods of payment:

1. Payment at time of service by cash, check, VISA, Mastercard, American Express, Discover, or
2. Monthly payment plan at the time of service through an outside payment program on approved credit.
 - All fees are due at the time the services are rendered
 - If your check is returned due to insufficient funds, you will be charged a \$25.00 returned check fee
 - Accounts are considered past due after 60 days and are subject to interest being added to the balance at the rate of 1 ½% per month (18% annually)

PATIENTS WHO ARE MINORS

Payment of service for the treatment of minors is the responsibility of the adult accompanying the minor. Payment can be made by one of the above mentioned payment options.

MISSED APPOINTMENTS

Our policy is to charge for missed appointments, unless cancelled at least 24 hours in advance. A missed appointment affects several people: You, Dr. Mahooti and the patient who was unable to obtain an appointment because the doctor's time was reserved for you. This policy assists us to serve the needs of all our patients.

INSURANCE

All patients must complete new patient information and insurance forms before seeing the doctor. As a service to our patients with insurance, we will assist you with the completion of your claim forms. In order to provide this service, we request complete and accurate insurance information. Policies vary, and we strive to help you get the maximum benefits from your insurer. Please keep in mind that you are responsible for your total treatment plan costs should your insurance benefits result in less coverage than anticipated. We allow up to 60 days to receive payment from your insurance company. At the end of the 60 days, the entire balance is due and payable in full by you. Your insurance policy is a contract between you and your insurance company. As a dental care provider, we are not a party to that agreement. We require payment of your estimated portion at each visit.

HIPAA

All patient information is kept private and strictly confidential per the Health Insurance Portability and Accountability Act (HIPAA).

I understand and agree to the information detailed in this document.

Signature of Patient Responsible Party

Date