

## FINANCIAL POLICY

We at Dr. Rassouli's office believe in giving you the highest quality of care. Our goal is to make your visits as pleasant as possible, and to make you feel welcome and comfortable throughout your treatment. This includes your understanding of our treatment plan, as well as our financial policy.

Many people are under the impression that if they have dental or medical insurance, it is the insurance company which owes the doctor for his services. This is not the case. The dental or medical insurance contract is between the patient and the insurance company. Therefore, the patient is responsible for this bill, regardless of the insurance coverage. As a courtesy to our patients, we will bill your primary and secondary insurance companies; however, the responsibility for payment will remain with you. In order for us to bill your insurance, you must supply us with complete information about your coverage, including social security numbers, group numbers and proper billing address.

Because of the extreme delay in receiving payment from the insurance companies, you will be asked to pay your deductible and your portion of the charges the day services are rendered. We will wait up to 60 days for the balance of payment by your insurance company, after which time the balance will be due in full from you. We will mail monthly statements to all patients with insurance to keep you informed as to when your insurance company or companies have paid. There will be a finance charge in the amount of 18% annually, or 1.5% of any balance over 90 days.

### WE ASK OUR PATIENTS TO DO THE FOLLOWING:

1. Be familiar with your coverage and deductible of your insurance plan(s). Read your booklet, call your employer or insurance company.
2. Bring your insurance card(s) with you on your first visit.
3. At the time of your visit, patients with insurance are requested to make a payment of 1/3 down towards the estimated bill. Patients without insurance are required to pay in full on the day of service. Payments may be made with cash, check, visa, or mastercard. If your insurance pays in addition to what you have paid on your total bill, a refund will be sent to you promptly. Delinquent accounts will be referred for collection at the discretion of the office manager. If at anytime you have any questions, problems, or suggestions concerning your treatment or our office policies, please do not hesitate to ask a member of our staff.

Please sign and return to receptionist.

I acknowledge that I am financially responsible for all charges whether or not they are covered by insurance. If it becomes necessary to seek collections of any amount owed on this or subsequent visits, the undersigned agrees to pay for all costs and expenses including reasonable attorney fees. I hereby authorize the doctor to release information

necessary to secure the payment of benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_