

SENIOR SMILE (With Dr. Namita K. Thapar-Dua)

PATIENT FINANCIAL TERMS AND CONDITIONS

We are committed to providing you with the best possible care and service. If you have dental insurance, we are happy to assist you to receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy. **WE DO NOT PARTICIPATE WITH ANY INSURANCES, WE ARE FEE FOR SERVICE.** Since we do not participate with your plan, it is your obligation is to submit the claim to the insurance company for any reimbursement. However, our office will provide you with a walkout statement from that day's visit to be submitted for your reimbursements purposes.

It is your responsibility to fully understand the terms and conditions of your insurance regarding the procedures for the filing of claims, what medical procedures and treatments your insurance does and does not cover, what amount, if any, your insurance will pay for medical services, and what your reimbursements will be prior to seeing us (if this is a concern).

Unless otherwise agreed upon by the provider, payment for services is due at the time services are rendered. We accept cash, checks, MasterCard, Visa and American Express. Again, we will be happy to help you for reimbursement from your insurance company. Any such request must be requested in advance and with 6 months of that appointment in question.

Returned checks will be subject to a **\$35.00** bad check fee, and any outstanding balances older than 30 days will be subject to interest charges of **1 1/2% per month**. Charges may also be made for broken appointments and appointments canceled without 24 hours advance notice. In the unfortunate event collection procedures are required to collect an outstanding account balance, the patient shall be responsible for the reasonable cost (35% of the past due balance) of a collection agency, attorney, and/or court costs.

The undersigned hereby waives any defense he/she may have as to the Statute of Limitations barring future attempts to recover debts owed hereunder in the event of default.

We will gladly discuss your proposed treatments and charges, and will answer any questions you may have at any time.

You must realize, **we do not participate with any insurances:**

1. Your insurance is a contract between you and the insurance company.
2. We are not bound by the fee payment structure of your insurance policy.
3. Not all services are a covered benefit in all contracts. Some insurance companies cover certain services. These charges are your responsibility, so make sure the contract is clear.

Providing you with a walkout statement to submit to insurance is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions about the above information PLEASE don't hesitate to ask us. We are happy to help you.

By my signature, I indicate that I have read, understand and do hereby accept the terms of this agreement.

Patient

Date