



WELCOME!

At Dr Meserkhani's Dental, we believe that you deserve the best care. That's why we always present you with the best dental solution possible to treat your personal situation. Each year we provide outstanding dental care to hundreds of patients. Some have dental benefits but some don't. If you have dental benefits, congratulations! You are very fortunate. Here are some important things you should know...

Your dental benefits are based upon a contract made between your employer and an insurance company. **If you have any questions regarding your dental benefits, please contact your employer or insurance company directly.**

Dental benefits differ greatly from medical benefits. In 1959, most dental benefit plans had a yearly maximum cap of \$1000. You'll be surprised to know today that the average dental benefit plan has a yearly maximum cap of \$1000. **There has been no significant increase in the yearly maximum cap in over 40 years!** However, there have been significant increases in your premiums. **Dental benefit plans never pay for completion of your dental care. It is only meant to assist you.**

We currently accept all private care insurance plans (plans that do not require you to select a dentist from a list or require our office to accept a reduced fee for service). This means that we work with literally thousands of companies. Although we can maintain computerized histories of payment by a given company, they do change; therefore it is impossible to give you a guaranteed quote at the time of service. We estimate your portion based on the most up-to-date information we have, but it is **ONLY AN ESTIMATE.**

Many people receive notification from their insurance company that dental fees are "above usual and customary." An insurance company determines their reimbursement level by surveying a geographical area, calculating the average fee, and then determines that 80% of the average fee is customary. Included in this survey are discounted dental clinics and managed care facilities, which have severely reduced dental fees that bring down the average. **Any doctor in private practice will have fees that insurance companies define as "higher than usual and customary."**

We bill your insurance as a courtesy. If insurance does not pay within 90 days, Dr..Meserkhani reserves the right to request payment in full for services from you and let you collect the insurance funds that are due to you. This is rare but it is important that you recognize that the insurance you have is a legal contract between YOU and your insurance company. Our office is not, and cannot be a part of that legal contract. Ultimately, you are responsible for all charges incurred in our office.

Dr Meserkhani Dental does require payment in full for your portion at the time of service, unless other arrangements are made in advanced. We accept MasterCard, Visa, American Express, cash and checks. If you are in need of an extended finance option, we also work with CareCredit, which offers a 12 month "same as cash" payment plan designed to meet your treatment plan needs on approved credit.

We welcome you to our family and look forward to helping you get the healthy, beautiful smile you've always wanted. If there is anything we can do to make your visits here more pleasant, please don't hesitate to ask one of our staff members!

Financial Policy

We share your concerns regarding the increasing cost of health care. We believe that you, our patients, expect and deserve the highest quality care we can provide at a reasonable cost. While we take advantage of every possible avenue to keep costs down, we are committed to not sacrificing quality for less expensive care. With this in mind, we would like to share some information with you about our financial policy. We want you to feel comfortable with us regarding your financial and insurance matters and thereby preventing any misunderstanding. We hope you will consult with us if you have any questions regarding our services and our financial policies.

Many people who have insurance think that the insurance company owes the doctor for services, not the patient. Please keep in mind that any insurance contract is between the patient and insurance company. Therefore, the patient is responsible for the bill, regardless of insurance coverage. As a courtesy to our patients, we are happy to bill your insurance for you. However, the responsibility for payment remains with the patient (or insured).

Patients With Insurance. At the time of treatment, patients are requested to make an initial payment toward the estimated charges. This amount will be based upon benefit information obtained from your insurance company, including but not limited to your deductible. If your insurance pays in addition to the balance due on your account, a refund will be sent to you promptly. These refund checks are sent out once per month.

Patients Without Insurance. Patients without insurance are requested to pay the charges at the time of treatment unless other arrangements are established.

Charge Cards. MasterCard, Visa, and American Express may be used for payment on your account.

Patient Financing. We participate in programs that allow patients to finance their treatment through third party lenders at 0% interest up to 12 months. If you are interested in this service, please ask us.

Checks. There will be a **\$45 charge for all returned checks.**

Account Balances. Balances on all accounts are due in full in 90 days regardless of insurance coverage or anticipated payment from other services. If payment for our services is not made within 90 days, an interest charge of 1.5% per month will be added to the account (18% per annum). Therefore, patients with insurance whose claims have not been paid within 45 days should contact their insurance company to determine the reason for delay of payment. Delinquent accounts may be referred for collections at the discretion of the financial coordinator.

Assignment and Release. For individuals with insurance, your signature below hereby authorizes your insurance benefits to be paid directly to the doctor. You are still financially responsible for any balance due. It also authorizes the doctor to release any information required for payment and processing of this claim.

Notification. **We request that all patients who must reschedule an appointment give adequate notice, a minimum of 24 hours otherwise we will charge you up to \$250.00, depending on how much time it has been scheduled for you with our hygienist, Doctor, or Specialist. Multiple no shows/missed appointments (3 or more) in a 12-month period will result in termination from our practice.** By signing below, you have read and understand the above financial information. The financial arrangements will be discussed with me. I accept financial responsibility for the procedures to be performed. I also understand that if I default on payment which can't be resolved with Dr. Rafik Meserkhani, I will also be charged service charges that will be greater than or equal to any court costs, attorneys' fees, collection agency fees, and/or any other costs associated with collecting any incurred debt. A copy of this signed agreement has been provided to me.

Signature of Patient, Parent or Legal Guardian

Patient's Name

Date

Witness

Date