

# Payam Cohen D.D.S., P.C.

*Family, Cosmetic & Implant Dentistry*

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## **FINANCIAL POLICY**

1. INSURANCE COMPANIES PARTIALLY PAY FOR THE WORK DONE. SOME INSURANCE COMPANIES PAY FIXED ALLOWANCE FOR CERTAIN PROCEDURES AND OTHERS PAY A PERCENTAGE OF THE CHARGE. IT IS PATIENT'S RESPONSIBILITY TO PAY ANY DEDUCTIBLES, CO-INSURANCE, OR ANY OTHER BALANCE NOT PAID FOR BY YOUR INSURANCE COMPANY.
2. AS A COURTESY TO OUR PATIENTS, WE MAY ACCEPT ASSIGNMENT OF BENEFITS FROM SOME INSURANCE COMPANIES. IT IS PATIENT'S RESPONSIBILITY TO PAY ALL ESTIMATED PAYMENTS AT THE TIME OF TREATMENT. IF THE ESTIMATE IS DIFFERENT FROM THE ACTUAL PAYMENT, THE ADJUSTMENT WILL BE MADE AFTER THE FINAL PAYMENT FROM THE INSURANCE COMPANY. THE INSURANCE PAYMENTS ARE ESTIMATES ONLY. ANY FEES, CHARGES OR CLAIMS NOT PAID BY INSURANCE COMPANY AFTER 30 DAYS, IS PATIENT'S RESPONSIBILITY.
3. PAYMENT IS REQUIRED AT THE TIME OF TREATMENT UNLESS OTHER ARRANGEMENTS ARE MADE. FOR MAJOR WORK OR TREATMENTS THAT REQUIRE MULTIPLE VISITS, AT LEAST HALF OF THE TOTAL PROCEDURE FEE MUST BE PAID BEFORE ANY TREATMENT STARTS. THE BALANCE IS DUE AT THE TIME OF COMPLETION.
4. THERE IS A FEE OF \$30 FOR ANY BOUNCED CHECK.
5. THERE IS A FEE OF \$50 FOR EVERY HALF AN HOUR APPOINTMENT. THE APPOINTMENT IS CONSIDERED MISSED IF THE CANCELLATION WAS NOT RECEIVED 24 HOURS PRIOR TO THE APPOINTMENT.
6. ANY BALANCE PAST DUE FOR MORE THAN 30 DAYS IS SUBJECT TO LATE FEES AND FINANCE CHARGE AT THE RATE OF 18% ANNUALLY, UNLESS OTHER ARRANGEMENTS ARE MADE. WE RESERVE THE RIGHT TO CHARGE THE PATIENTS FOR BILLING.
7. IN THE EVENT OF NON-PAYMENT AND REFERRAL TO AN ATTORNEY AND/OR COLLECTION AGENCY, THE PATIENT SHALL BE LIABLE AND PAY ALL FEES INCLUDING BUT NOT LIMITED TO: BALANCE DUE ON THE ACCOUNT, LATE FEES, FINANCE CHARGES, LEGAL FEES, COURT COSTS, COLLECTION AND/OR ATTORNEY'S FEES.

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PATIENT OR LEGAL GUARDIAN SIGNATURE

DATE