We are pleased that you have chosen our office for your dental needs. We believe in the importance of

quality dental care, and we strive to provide the best dental treatment possible. So that we can prevent any

misunderstandings and maintain a positive relationship with you, we ask that you read the following

office and financial policies and sign at the bottom.

**INSURANCE PATIENTS- PLEASE READ CAREFULLY!** - We work with most insurance

companies and try to maximize your coverage. Benefits are chosen by you or your employer, and

insurance is a contract between you and your insurance company. It is your responsibility to know your

insurance policy benefits. There is no insurance plan that covers 100% of all services, dental plans have

deductibles, co-pays, and maximums just like medical insurance. There are some services that are not

covered at all. We will provide you with your ESTIMATED co-payments for each treatment, as well as an ESTIMATE of what your insurance will pay. This is only an estimate since we do not know exactly what your insurance company will pay. We do not provide a 100% guarantee of insurance company payment. Should your insurance not pay what is estimated, you are responsible for the entire amount not covered. We will not become involved in disputes between you and your insurance regarding deductibles,

co-payments, covered charges, secondary insurance, or other matters regarding reimbursement. If we have not received payment from your insurance company within 60 days, the balance is then your

responsibility. All balances are due at 90 days, regardless of insurance involvement.

If you prefer to be 100% sure of the insurance company payment, upon request, we will send a

predetermination to your insurance company. Please note, it may take several weeks to hear back from

your insurance company.

Estimated co-payments are due the day of the treatment. Should you require crown(s), partials(s), and/or

dentures(s), your full co-payment will be due at the first visit, which is the impression, and when any

associated lab work begins.

If you have any questions about your coverage or how it may affect your care, please do not hesitate to

call us. Understand that we will assist you in understanding your benefits; we have little influence over

your coverage.

I authorize my insurance benefits/payments be paid directly to the dentist, Dr. Snehlata Kulhari DMD. I

understand that I am financially responsible for any balance. I also authorize Dr. Snehlata Kulhari or

insurance company to release any information required to process my claims.

**UNINSURED PATIENTS** - Full payment is due the day of treatment.

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**RETURNED CHECKS** -A minimum fee of $20.00 will be charged to your account. If a check is

returned, you will need to pay by cash or with credit card in the future.

**X-RAY Requests**- There is a minimum duplication fee of $25.00 per person, for x-rays to be sent or

transferred to another office.

**CANCELLATION POLICY** - We do value your time. We reserve time in our schedule for your treatment. Where appropriate, we prefer to schedule longer appointments so we can complete as much needed dental treatment as possible during one appointment. We feel this type of scheduling will cause minimal disruption to your daily schedule and will provide efficiency in completing your dental care.

Emergencies and unforeseen patient treatment problems may arise, causing schedule changes.

***\_\_\_\_ Initial When you make an appointment, please be sure you will be able to keep it. Morning appointments are best for more complicated procedures. A broken appointment is***

***a loss to everyone. You must cancel 48 hours in advance during regular business hours or a minimum fee of $50.00 will be charged to your account. Patients who have three broken appointments will be dismissed from our practice.***

Emergencies are unexpected and seem to come at the most inconvenient times. If you have a dental

emergency that needs immediate attention, we will offer to see you at once. We expect other patients, who might be slightly inconvenienced by this, will be understanding of the emergency. At some

point, you may need the same courtesy too!

We accept cash, checks and credit cards. We work with Care Credit, an interest-free financing program. We hope you find this information useful. Rest assured we are here to help make quality dental care

obtainable for all. We're here to support and answer your questions.

I have read, understand, and accept the terms of the above outlined policies.

Patient/Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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