

# Dr. Nastaran Ejtemai DDS PC- Dental Office

# **OFFICE POLICES**

The primary goal of our practice is to provide the highest quality dental care to our clients. Since our practice also has financial obligations which must be met, we ask you to note the following statements of our financial policy.

#### Treatment Plans and Estimates:

Treatment plans are merely estimates. We may encounter situations during the course of your planned treatment that may require different and/or additional procedures. It is often impossible to predict the *exact* cost of the treatments until they are rendered.

#### Administrative Charges:

| Checks returned by the bank   | \$25 |
|---|------|
| Account balances over 30 days (per month)                             | \$25 |
| Missed appointments per 30 min of appointment (unless notice is given | \$50 |
| 24 hours in advance)  |      |
| Collection agency fee (not including attorney & court costs)          | \$50 |
| Any X-Ray Copy Requests   | \$20 |

## **Dental Insurance:**

- Your insurance plan is a contract between you (or your employer) and the insurance company. Ultimately, patients are financially responsible for their accounts. Specific questions about eligibility and plan coverage should be directed to your insurance or your employer.
- It is the patient's responsibility to pay any deductible, co-insurance, or any other amount not paid by their insurance company.
- As a *courtesy* to our patients, we will file dental insurance claims on their behalf. Payment of deductibles and co-payments are expected when services are rendered.

### Payment Plans:

For patients who prefer a monthly payment plan, we are able to make arrangements with CareCredit®. There are no application fees and approval is usually provided immediately after applying via On-line. The loan may be interest-free for up to twelve months. Applications and additional information are available from our Office Manager.

I have read this financial policy. I understand and agree to the terms of this financial policy.

Signature of Patient/Financially Responsible Party

Date

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