

Financial Policy Agreement

Thank you for choosing our office for your dental care needs. Dr. Diamond is committed to successful completion of your treatment. Please understand that payment of your bill is considered part of that treatment. The following is a statement of our Financial and Privacy Policies that we require you read and sign prior to any treatment.

FULL PAYMENT IS DUE AT THE TIME OF SERVICE.

We accept Cash, Checks, Visa, MasterCard, Discover, and American Express.

If you have dental insurance, we want to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy. **All co-payments are due at the time services are rendered. Patients with Delta Dental Insurance please be prepared to pay for all services at the time of your visit. Delta Dental is a reimbursement plan to the patient.** We will be happy to process your insurance form for reimbursement.

Please provide us with a Credit Card number to charge all co-payments. If you have insurance and they have not paid within 60 days, your Credit Card will be charged for the balance due.

Credit Card Type: _____ Card # _____ Expiration Date _____

Signature of Card Holder _____ Date _____

Dental Insurance:

Insurance Company Name _____ Insurance Company Telephone # _____

Employee Name (First) (M.I.) (Last) _____

_____/_____/_____
Date of Birth Social Security Number Group #

Employer Name _____ Employer Telephone # _____

Second Insurance Coverage (if applicable)

Insurance Company name _____ Insurance Company Telephone # _____

Employee Name (First) (M.I.) (Last) _____

_____/_____/_____
Date of Birth Social Security Number Group #

Employer Name _____ Phone # _____

Account balances over 30 days may be subject to interest charges of 1.5% per month.

A \$100.00 fee will be charged for failed appointments or cancellations without a 24 hour notice.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must however, realize the following:

- Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract.
- Our fees fall within the range accepted by most insurance companies and are therefore covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50% or 80%) of U.C.R. which is defined as usual, customary, and reasonable fees for this region. This statement does not apply to companies who reimburse based on an arbitrary schedule of fees, which may bear no relationship to the current standard and cost of care in this area.
- Not all services are covered in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

We must emphasize that as dental care providers our relationship is with you, not your insurance company. While the filing of insurance claims 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.

Thank you for understanding our Financial Policies.

If you have any questions about the above information, PLEASE do not hesitate to contact us as we are here to help you. You may contact Julie Loya, our business manager, directly at (650) 948-1057 between 8:30 a.m. and 4:00.p.m.

I have read, understand, and agree to this Financial Policy.

Signature of Patient or Responsible Party _____ Date _____