



**MAHNAZ MESSKOUB DDS MS PA**  
**PEDRAM BOHLULI DDS MS PHD**  
**KIAN NIKDEL DDS MSD**

**Patient's Name:** \_\_\_\_\_  
(Please Print)

**Financial Agreement/Office Policies**

We consider it an honor to have been chosen by you or your dentist to provide your dental care. Our philosophy in serving people is to be informative, honest and forthright. This financial agreement/office policies is indicative of our respect for your right to know ahead of time what our expectations are in the area of finances and policies. If you have any questions or concerns about our financial agreement or policies please do not hesitate to ask our business office staff.

**Dental Insurance:** As a courtesy we will gladly file your claims and accept assignment of benefits provided you agree to the following:

- You must provide us with your insurance and all the necessary information to verify your coverage and file your claim.
- You are responsible for our "usual customary and reasonable" fees or contract fees with your insurance, if any.
- Although we may estimate your insurance benefits **we are not** responsible for their accuracy. All charges not paid by your insurance company are your responsibility regardless of the reason for nonpayment. Not all the services we provide are covered benefits. Benefits differ from one company to another.
- We will file your secondary insurance if coordination of benefits are allowed. Excluding discount plans.
- We **do not** file claims for medical insurance.

**Payments:**

- Co-payments, along with deductibles and fees for non-covered services are due at the time of treatment.
- We accept cash, personal checks, money orders, debit cards, Visa, MasterCard, Discover, American Express and Care Credit. We **do not** accept temporary checks. All checks or money orders are to be made out to Dr. Mahnaz Messkoub.
- If the insurance company does not pay, it's portion in within 90 days, it will be your responsibility to pay the balance.

**Returned Checks:** A charge of \$35.00 is applied to your account, when the bank returns a check.

**Overdue Balance:** An account with an unpaid balance past 90 days will be sent to a collection agency. At that time, you will be responsible for any and all costs incurred in the collection of your debt.

**Minor Patients:** If the parent is not able to bring the patient, an authorization form must be filled out with a copy of the parent's ID. The parent or guardian accompanying the minor is responsible for payment. In the case of divorced or separated parents, the parent accompanying the child is responsible for payment, without any exception. This office will not attempt to collect payment from a parent that is not present in the office at the time of visit, unless arrangements are made with the office.

**Forms or Medical Records:** A fee of \$25 will be assessed when medical records are requested by the patient and are not being transferred to another healthcare provider for continuation/coordination of care. All medical records requests require 5-10 business days for processing.

**Broken or Missed Appointments:** Appointments not kept or changed with less than 24 hours notice are considered broken. Broken appointments will be rescheduled and subject to additional fees. Broken appointments prevent others from receiving the dental care they deserve. We take them very seriously so please be considerate and inform us in advance if you need to change your appointment. There is a broken or missed appointment fee of up to \$40.00. **Surgery cancellation policy,** if you request that surgery be cancelled or reschedule you must give a 48 hour notice prior to your appointment or a \$85 fee will apply. Appointments are usually held for **15 minutes** after your scheduled appointment time, after the 15 minutes you will be considered a no show, unless you contacted the office and made prior arrangements. We reserved the right to terminate professional treatment of any patient when scheduled appointments or not kept.

**Appointment Recall or Check-ups:** If the doctor requires a recall appointment a fee may apply depending on the patient's insurance. 6 month recalls are usually not a covered expense with insurance companies; a \$60 fee may apply. If you would like us to check your insurance for this visit please let our staff know before the day of your appointment. After 6 months from the day of your treatment a consultation fee will apply.

**Patient's Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_