

Eastside Dental
Dr. Kjt A. Singh, DDS

Financial Policy

Insurance:

As a courtesy to our patients, we will happily file any necessary forms to insure you are receiving the full benefits of your dental coverage. We advise you to read your policy to be fully aware of your coverages and any limitations on the benefits provided. If your insurance denies coverage or we do not receive payment within 60 days of the filing date, the balance will then become due and payable by you. Your dental benefits are a contract between you and your insurance and/or your employer and your insurance. Although we will make a good faith effort to assist you in obtaining your benefits, we cannot force your insurance to pay.

Estimates:

Eastside Dental has a software system which allows us to estimate your insurance benefits once Dr. Singh has identified and explained any necessary treatment. The front desk will thoroughly explain our fees along with your estimated portion. We will also provide you with a copy of the estimate which has our dental codes if you have any additional questions for your insurance. In cases where extensive work is needed, we can submit a pre-authorization to your insurance. Regardless of any estimated insurance coverage, any fees incurred for services received will be your financial responsibility.

Uninsured Patients:

Payments for any dental services received are due in full at time of service unless prior arrangements have been made.

Payment Options:

Payments can be made with check, cash, or credit card. For your convenience we have made arrangements to accept Visa or MasterCard.

Appointments/Cancellations:

We gladly reserve an appointment time for you with Dr. Singh. As a courtesy we will attempt to remind you of your appointment 2 business days prior to confirm your scheduled date and time. If we cannot speak directly to you we will leave a message in

which a return call is necessary. We respect our patient's valuable time and request the same courtesy from our patients. Please extend the same courtesy should you need to cancel and/or reschedule your appointment. We do require 2 business days notice if you need to change an appointment. We reserve the right to charge \$50 per hour for appointments canceled or broken without 2 business days advanced notice.

If an appointment is rescheduled or canceled short notice 3 or more times, we charge 50% of the total appointment. In addition, in order to reschedule the appointment we require your estimated portion paid at time of scheduling.

I acknowledge and understand my responsibility for payment of all dental services provided by Dr. Singh in accordance with their fees and terms.

I understand my responsibility is not waived based on whether or not any third party, such as insurance; pays for all, part, or none of the charges.

I understand that my account becomes delinquent if not paid within 60 days after billing, at which time any unpaid balance is subject to reassignment to a collection agency.

Assignment and Release:

I authorize payment to be made directly to Dr. Singh by my insurance for any treatment rendered to myself or my dependence. I authorize Dr. Singh to furnish my information to insurance carriers concerning any dental treatment I or my dependent(s) receive.

Patient Signature: _____

Name Printed: _____ *Date:* _____