GENERAL DENTISTRY



Kenneth F. Fat, D.D.S. Shareen Char-Fat, D.D.S. Family and Cosmetic Dentistry

Financial Policy

We feel that the best thing about our style of dentistry is our commitment to quality. You will quickly discover that our attention to detail and fine materials are second nature to us.

We work with most dental insurers. Carriers vary, but we will try to help you get the most benefit from your particular policy. As a courtesy to you, we will fill out your claim forms and submit them. Please keep in mind that you are responsible for your total obligation should your insurance benefits result in less coverage than anticipated. We do ask that you pay your estimated share of cost at each visit. Regardless of insurance, we ask that all services be paid within 60 days.

To our patients that do not have insurance, we will expect payment in full at the time services are rendered.

For your convenience, we accept cash, checks, Visa and Mastercard. Please note that there is a service fee of \$25.00 for all returned checks.

A nominal charge of \$5.00 (a billing fee) will be charged for all accounts not paid within 60 days of services rendered. The \$5.00 billing charge will occur each time a statement is sent, after 60 days.

We understand the occasional need to change an appointment. However, we request that you give us 48 hours notice on all cancelled or rescheduled appointments. When an appointment is missed or cancelled, without proper notice, it is a loss to not only our staff but to other patients as well. There will be a \$45 per hour charge for all missed or cancelled appointments when 48 hours notice is not given.

ACKNOWLEDGEMENT OF RECEIPT

By signing below, I understand, accept and agree to Dr. Kenneth Fat and Dr. Shareen Char-Fat's financial policy. I have also received, understand, accept and agree to the "Dental Materials Facts Sheet" and "HIPAA" compliance forms.

	Date	
Patient Signature (Parent or Guardian)		