

# Desai Dental Studio

## Financial Policy

Welcome to Desai Dental Studio. We would like to thank you for selecting Dr. Sudhandhu B. Desai, DDS as your provider. To avoid any misunderstanding regarding our Financial Policy, it is necessary for you to **read, initial, and sign** as indicated before treatment can be rendered.

Desai Dental Studio participates with most PPO insurance carriers. The patient is responsible for any co-pay, co-insurance and any deductible. This payment is due at the time of service \_\_\_\_\_ (initial). Our office will file insurance claims for services rendered.

**Self Pay Patients:** Payment is due at the time of service \_\_\_\_\_ (initial).

**Finance Plans:** There will be a 5% administrative fee added to your treatment for Care Credit, Dental Fee Plan or Citi Health Card \_\_\_\_\_ (initial).

**Finance Charge, NSF Fees and Collection Fees:** Balances unpaid after 90 days are the patient's responsibility and will be charged a fee of 1.5% or 18% APR. Insufficient funds or returned check will be assessed a \$30.00 fee. Patients are responsible for any collection fees including court costs, attorney fees and collection agency charges. \_\_\_\_\_ (initial).

**Care Credit Patients:** There will be a 5% administrative fee added on to any treatment \_\_\_\_\_.(initial)

**Note for Insurance Patients:** Your payment given at the time of service is only an estimate. We do not know exactly what your insurance will cover if any. Any insurance problems are between you and your insurance carrier. You are responsible for the difference if your insurance company does not pay. \_\_\_\_\_ (initial).

**Insurance Authorization:** I authorize payment of dental benefits directly to Desai Dental Studio for dental services rendered.

\_\_\_\_\_  
Patient (or guardian) Signature

\_\_\_\_\_  
Date