GREEN DENTAL FAMILY DENTISRY

SAFAEDDIN JAHANBANI DDS,INC.

113 WATERWORKS WAY, SUITE 130

IRVINE, CALIFORNIA 92618

FINANCIAL POLICY OF GREEN DENTAL

We find that communication with our patients regarding our payment policy assists us in providing better service to you, our valued patient.

Regarding insurance: You should be aware that the dentists' services are provided to you and not to your insurance company; therefore, you are responsible for your account. As a courtesy to our patients, we will bill your insurance company for services rendered to you or your family members. We expect you to assign all insurance benefits to us for all services rendered. It is your responsibility to provide us with up to date insurance information and any forms that may be required to file your claim.

After filing your claim: We will withhold any collection activity on your account for 45 days on the insurance billed amount. If your insurance company has not paid us within that time, we will turn to you for payment of the amount billed. You can seek reimbursement from your insurance company. It is important that you keep in touch with your insurance carrier regarding the status of your claims and to keep us informed.

Co-payments and/or deductibles: These fees are expected at the time of service. If you do not have insurance coverage and you need to make payment arrangements, please advice us immediately. However, please note that payment is expected in full at the time services are rendered, unless prior arrangements have been made.

Regarding billing charges: Billing statements will be send notifying you of the amount owed. All amounts are due upon receipt of this statement. Should your bull not be paid in full by the next billing cycle; we must regretfully, add a monthly finance charge of 1.5% to your account. If the bill remains unpaid after 90 days from the first billing cycle, we will be forced to pursue legal action to collect the amount owed. If this should happen, you will be responsible for all court and attorney costs and the accruing interest of 1.5% per month, until settled. If you miss a scheduled monthly payment, a $10 late fee will be added to your account.

A service charge of $40 will be applied to all returned checks.

Please remember, your appointments are important, and we reserve this time for you in effort to provide on-time, quality service to you; therefore, a minimum charge of $25 will be made for all appointments not cancelled with a 24 hour notice.

I have read and understand the payment policies of GREEN DENTAL.

Signature: _____Date:_____

If you have any questions about the above information or uncertainty regarding insurance coverage, please do not hesitate to ask us. We are here to be of assistance to you.