



## Bethesda Dental Health

General & Cosmetic  
Dentistry  
Sheida Larijani, D.D.S.

7978 Old Georgetown Rd,  
Suite 6C  
Bethesda, MD 20814  
Tel: (301) 654-1887

# Financial & Insurance Policies

We are pleased that you have chosen our practice for your dental care. Our goal is not only to treat you, but also to educate you as how to prevent dental disease. Our mission is to provide you the highest quality dental care in a pleasant surrounding as efficiently as possible. Please read and sign the following.

### Insurance Policy:

- Your dental insurance is a benefit that you or your employer purchases from an insurance carrier. It is your responsibility to be familiar with restrictions, limitations and deductions that may apply to your plan and whether or not we are participating with your insurance. As a courtesy, we will submit claims to your insurance company. You are still financially the responsible party for the treatment that is provided to you. Insurance companies never guarantee payment so your coinsurance may be overestimated or underestimated. Your estimated coinsurance is due at the time of treatment.
- Please keep in mind that the quoted amount of coinsurance is **approximated** based on the information received from your insurance company which may or may not be accurate. Coverage doesn't always mean that your insurance will pay. All claims that are rejected or adjusted by the insurance company will become your additional responsibility and payable to *Bethesda Dental Health* immediately.
- If *Dr. Sheida Larijani* or the associate doctors are not participating with your insurance, payment is expected in full at the time of service unless prior arrangements have been made. We will provide you with statement of services rendered to submit to your insurance carrier once the balance is paid in full.
- All insurance claims not paid within 60 days of date of service are due and payable by you immediately.

### Financial Policy:

- **We are available for you after hours and on Saturdays** if you have an emergency there will be a charge of \$395.00 in addition to your treatment fees.
- **We offer no-interest financing** for extensive treatment over the amount of \$1,000.00. Financing is subject to approval by the participating financial group. For your convenience, we accept Cash, Master Card, and Visa.
- **Balances over 60 days old** will accrue an interest charge of **1.5% monthly** or **18% annually**. **\$15.00 monthly late fee** will also be added to your statement if payment is not received. If it becomes necessary to refer your account to collection agency, you will be responsible for all expenses including but not limited to court costs, reasonable attorney's fees(40%) and an account service fee of \$35.00.
- **Returned checks** are subject to a \$50.00 service charge.
- **Broken and cancelled appointments** are subject to \$50.00 per half hour. Forty-eight(business) hour notice is required to avoid such charges.
- **Procedures that involve laboratory work** i.e. crowns, dentures....If you fail to maintain your appointment for delivery of your case, you are responsible for laboratory fees in full and 50% of all procedure fees.
- **All patients** under the age of eighteen **MUST** be accompanied by a parent or legal guardian. A parent or legal guardian **MUST** remain on site while treatment is rendered.
- **Copies of your x-rays and records** are available at your request. We require a written request forty-eight hours prior. There is 65 cents charge per page for your records and \$15 processing fee for copies of your most recent x-rays.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date