

# **Financial Policy**

*At Dr. Dino Bonyadi D.D.S. our goal is to provide patients with the highest dental care in a relaxed, comfortable and friendly environment. Before proceeding with any treatment all fees and financial arrangements will be discussed with you and all your questions will be answered. A dental treatment is an important decision so we take the time to ensure that you understand exactly what is being done, the benefits and the risks. Please take a moment to familiarize yourself with our financial policy.*

## **Methods of Payment**

Payment is expected at time of service. If you are a new patient to the office and do not have insurance, payment for services will be collected in advance. Please be prepared to pay for your appointment at the time of your registration/check-in. This will also be the case if we cannot confirm your insurance coverage. ***Please note that any balances over 60 days will be subject to a 1.5% monthly finance charge.***

We do accept benefit assignment but the patient portion is due at each visit.

We do accept the following methods of payment:

- ❖ **Credit/Debit Card**
- ❖ **Cash**
- ❖ **Check**
- ❖ **Care Credit Dental Credit Card or Lending Club for Patients**

*We ask that you realize that we don't work for an insurance company. Rather we work 100% for our patients. We feel that insurance can be a great benefit for many patients and want you to know we will do everything in our power to ensure you get every benefit allotted in your insurance contract. However, the treatment we recommend and the fees we charge will always be based on your individual needs, not your insurance coverage.*

*As a courtesy we will bill your dental insurance and accept benefits as an out-of-network provider. Ultimately, you are responsible for payment of all fees for dental care rendered by our office. For those who would prefer an extended payment plan, outside financing is available through CareCredit and other forms of installment credit plans.*

**I have read and understand the financial policy of Dr. Dino Bonyadi D.D.S.**

---

Signature of Patient, Parent or Guardian

---

Date