

OFFICE FINANCIAL POLICIES

Rasika Jain, D.D.S.

In an effort to reduce cost, increase efficiency and maintain a high level of professional care, we have implemented the following policies and procedures as they relate to our patient accounts. Please take the time to read these policies, and check one of the following.

Our office will assist you with your dental benefits provider by filing your claims for reimbursement, following up on delinquent reimbursements within 21 days of original claim, and answering any questions your benefits provider has about your treatment in our office.

I agree that I am fully responsible for the total payment of all procedures performed in this office, including any and all treatment that is not covered under my dental benefit plan.

I understand that all services are due to be paid at time of treatment, unless other written arrangements have been made. Any accounts that are open past 90 days will be charge one percent (1%) per month interest (12% per year). I understand any dispute of any nature with Smiles of San Marcos or its agents will be resolved by arbitration only, as provided by the California civil-law codes 3333.1, 3333.2, 340.5, 667.7, 1281-1295 and USC 1-9. This applies to patients/ their agents and to all services rendered before and after date of signing. I understand that there is a \$25.00 fee for appointments missed or cancelled without a 24 hour notice.

<input type="checkbox"/> PERSONAL CREDIT CARDS <ul style="list-style-type: none">• VISA• MASTERCARD• DISCOVER	<input type="checkbox"/> CASH OR PERSONAL CHECK <p>We are happy to offer 7% book-keeping courtesy for any treatment prepaid in full prior to beginning of treatment.</p>
<input type="checkbox"/> DENTAL BENEFITS <p>We are happy to assist you with your dental benefits claim filing, and expect payment of all co-pays and/or deductibles at time of service.</p>	<input type="checkbox"/> FINANCING <p>12 months same as cash</p>

I also understand that should I be considered for an extension of credit by this dental office, a credit check may be made through TRW or other credit services.

Signature of responsible party

Date

Our dental team will do whatever we can to assist your child in receiving their dental treatment in a comfortable, stress free manner. Please feel free to openly discuss your payment plans with anyone on our team.