

# Elli Abtahi, DDS

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MyLagunaDentist.com

## FINANCIAL POLICIES

Thank you for choosing our office for your dental needs. We pride ourselves in always striving to provide the best dental care we can for our community. The following is a statement of our financial policies. We ask that you read and sign prior to treatment.

- ◆ Payment is due in full at time of treatment, unless other arrangements have been made previously.
- ◆ Accepted methods of payment include: Visa, MasterCard, AMEX, Discover, Check, Cash, Care Credit
- ◆ Fees: Our practice is committed to providing the best treatment for our patients, and we charge what is considered usual and customary for our area. Treatment diagnosis is based on patient need and NOT on what your insurance carrier allows.
- ◆ Dental Insurance: Our philosophy on dental insurance is simply this:  
*“Dental insurance coverage is a benefit chosen by you and/or your employer to provide assistance in covering the cost of your dental treatment needs. It does not dictate your dental needs or always provide coverage for treatment that may be required by you.”*  
Insurance coverage is a contract between you and your insurance company. As a courtesy, we will file your insurance claims and help to maximize any benefits you may be entitled to through your insurance policy. However, ultimately, it is your responsibility to know and understand your insurance benefits, and you are primarily responsible for payment of fees regardless of any insurance company's arbitrary determination of fee allowances.
- ◆ Once determined and verified, you will be asked to pay your deductible and any \*estimated copayments at the time of treatment. \*(Because insurance companies do not guarantee benefits until they are paid, all copayments and insurance coverage quoted are considered an estimation and not a guarantee of benefits.)
- ◆ Pre-Authorizations are only filed upon your request. Most insurance companies do not require a pre-authorization or pre-estimate, therefore we do not file them unless you request it.
- ◆ We do offer financing options on a case by case basis. Please inquire at the time of your diagnosis.

Thank you for taking the time to review our policies. Please don't hesitate to ask if you have questions regarding any of our policies.

*I have read and understand and agree to the policies stated above.  
I understand that it is customary for insurance companies to process claims within 30 to 45 days from the date of filing and agree that if I should be found ineligible by the insurance company for any reason for services rendered, or payment has been denied by my insurance company for any reason, I am ultimately responsible for payment in full to Dr. Elli Abtahi. If the insurance company should fail to pay on a timely submitted claim within 90 days, I agree that Dr. Elli Abtahi may collect the amount of the claim from me directly.*

\_\_\_\_\_  
Printed Patient Name

\_\_\_\_\_  
Patient/Responsible Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office Personnel Signature/Witness

\_\_\_\_\_  
Date

Your Friendly Laguna Beach Dentist