

Shahram Modarres D.D.S
5822 Hubbard Drive
Rockville MD 20852
(301)816-9400

Office Policy and Procedures (2017)

Welcome to Rockville Family and Cosmetic Dentistry. It is our goal to treat you with respect and understanding in the most professional way possible.

This is an outline of our financial policy to present a clear understanding of each other's responsibilities.

All Payments are expected at the time of the visit unless prior arrangements have been made. We accept payments by cash, check, Visa, Mastercard, Discover, and American Express. Unpaid balances in excess of 90 days are subject to service charges.

Insurance can be a very confusing and time consuming issue for everyone. We will gladly file the claims for your insurance carrier on your behalf and provide them with all necessary documents. We are neither an agent nor employee of the insurance company. The relationship we have is with you, Our Patient. If for ANY reason, your insurance does not pay for the services rendered, you, the patient, are solely responsible for the balance. **You are ultimately responsible for knowing and understanding your policy, it's benefits, exclusions, and limitations.** _____ (Initial)

A fee of \$40 will be charged for any returned checks. There will be a \$50 fee for any 45 minutes appointment that is missed without a 24 hour notice. (Please note that leaving a message when the office is closed to cancel the next day appointment is not considered a 24 hour notice.)

I, _____ Hereby acknowledge that I have read and understood the policies as stated. Any collection fees and attorney's fee(40% of the balance due) that are incurred for breach of this agreement will be my sole responsibility.

Patient/Guardian Signature

Date