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OFFICE POLICY AND PROCEDURE

Welcome to our office! It is our goal to treat you with respect and understanding in the most professional way possible.

We have outlined our financial policy below so as to present a clear understanding of each other's responsibilities.

All payments are expected at the time of visit unless prior arrangements have been made. Our office accepts cash, check, Visa and MasterCard.

Insurance can be a very confusing and time-consuming task for everyone. Our office will gladly file claims to your primary insurance carrier on your behalf. We will provide them all necessary documentation of your office visit.

We are neither an agent nor an employee of the insurance company. The relationship we have is with you, our patient. If, for any reason your insurance does **NOT** pay for services rendered by our office, you the patient are solely responsible for the balance. **YOU** are ultimately responsible for knowing and understanding your policy, its benefits, exclusions and limitations.

A fee of \$50.00 will be charged for all return checks along with the bank service fees. There will be a \$50.00 charge per ½ hour (amount is charged on how long the appointment is scheduled for) on any dental appointments canceled or missed without 24 hours notice.

I hereby acknowledge that I have read and understand the policies as stated. Any collection of fees and attorney's fees that are incurred for breach of this agreement will be the sole responsibility of the patient.

Patient name (please print)

Parent or Guardian name, relationship to patient

Patient, Parent or Guardian Signature

Date