

Del Dental Group
8035 W. Manchester Blvd Ste# B
Playa Del Rey, CA 90293
310-822-8118 fax 310-821-9276

Financial Policy

Thank you for choosing us as your dental care provider. We are committed to the success of our treatment. The following is a statement of Our Financial Policy, which we require you to read and sign prior to any treatment.

***Full payment/co-payment is due at time of service**

***We accept cash/check/credit cards**

Dental Insurance

All patients must complete our information/insurance form before seeing the dentist. We require a copy of your identification card and insurance card to verify your benefits. Your insurance policy is a contract between you and your insurance company; we are not a party to that contract. Please be aware that verification of benefits is not a guarantee of payment. All claims are subject to review and some, perhaps all of the services may be non-covered services and/or not considered reasonable or necessary under your dental insurance. In the event your insurance company has not paid your account in full within fifty (50) days you will be required to pay before any further treatment is provided. Ultimately, you are responsible for the balance of all charges whether your insurance pays or not. Regarding insurance plans where we are a participating provider: By law we are required to collect all co-pays and deductibles at the time of treatment. In the event that your insurance coverage changes and we are no longer a participating provider, please refer to the paragraph above.

Usual and Customary Rates

Our dental practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Missed Appointments

Unless cancelled at **least 24 hours in advance**, our policy is to charge for missed appointment at the rate of **\$50.00 per missed appointment**. Please note, a message left after hours on our answering machine the business day preceding your appointment is not a 24 hour notice. (I.E. Friday-Sunday evening for Monday Appointment).

Legal Cost

I understand that should Del Dental Group, Shahrzad Fattahi, D.D.S., Inc., be required to take legal action to recover payment for services rendered. I am responsible for all legal and court costs.

Assignment of Benefits

I hereby assign all benefits to Del Dental Group; I understand that I am financially responsible for charges not covered by my insurance.

Dental Treatment

With the dental exam, the treatment can be anticipated as routine dental work. Occasionally, the dentist needs to make changes to your dental treatment. These changes are unforeseen and may not be obvious until dental treatment is performed. If there are any changes in treatment, you will be informed and there may be additional charges.

I have read the financial policy. I understand and agree to this Financial Policy.

Signature of patient/responsible party: _____ date _____