



MOHAMMED A. R. KHAN, DDS, MD

STATEMENT OF FINANCIAL POLICIES

Payment for services, including deductibles and copayments, are due at the time of the service unless other arrangements have been made prior to treatment. For surgical procedures and treatments requiring anesthesia, payment in full is due one week prior to the scheduled procedure. Payments may be made using cash, check, or credit cards. Any arrangements for third-party financing must be made before starting treatment.

Patients with insurance are asked to pay the deductible and estimated patient portion at the time of treatment. We are more than happy to file your insurance claim for you. Please keep in mind that the estimated portion is just that, an estimate. Filing insurance claims is a courtesy that we extend to our patients. We make every effort to follow up on unpaid insurance claims, however if we have not received payment after 45 days we ask you to discuss your claim with your insurance company. The dental benefit contract is an agreement between you and the dental benefit company. We cannot guarantee that any coverage estimated by your plan will be paid once a claim is filed. You will be responsible for any co-pays, deductibles, co-insurances and over maximum allowance charges per your insurance company. Please note that your dental plan is intended to cover some but not all dental care costs, and not all services are covered by your plan. We also submit relevant expenses to your medical insurance as applicable. You are responsible for payment of all services regardless of the payable benefit. Any overpayments to our practice will be reimbursed to the patient within two weeks of the insurance remittance. In the event that the patient is a minor, the parent or guardian who requests treatment for a child is responsible for the balance of services rendered for your child.

We offer third-party financing options. At your consultation, we can discuss the options available to you.

Please remember that you are fully responsible for all fees charged by this office regardless of your insurance coverage.

TEXT-TO-PAY OPTION

We offer a "text-to-pay" option for patients to easily pay for services via their cell phone; we can make this available to you after the insurance pre-authorization process has been completed.

USUAL AND CUSTOMARY RATE (UCR)

Our practice is committed to providing the best treatment possible for our patients. Our fees reflect the usual and customary rates for our area. Keep in mind that the rates paid by your insurance carrier are determined by the insurance carrier and your employer and, in some situations, have no bearing on the real usual and customary rates charged in the local area.

RETURNED CHECKS

Checks that are returned to our office from your financial institution are subject to a \$50 returned check fee.

LATE AND FINANCE CHARGES

A finance charge will be imposed on those charges not paid in full within 90 days of the day treatment was rendered. The finance charge is a periodic rate of 1.5% per month (18% annually). The amount of the late charge will be as authorized under the laws of Pennsylvania, with a minimum charge of \$1.00.

I have read and understand the above statements.

Our office staff will send you this form to review and sign electronically after you make your first appointment.