

Our Appointment Policy is stringent for reasons we would like you to understand...

We are all affected by the costs of healthcare delivery, whether in a dental or physician's office. It is our daily effort to keep costs down which are under our control. When we reserve time for a patient's procedures, that amount of time is devoted exclusively for that patient.

When patients do not show for appointments the costs of maintaining the office rise accordingly. This valuable time could have been made available to another patient.

In fairness to all patients, and to our team, we ask that patients be responsible about making and keeping reserved appointment times by giving **at least two business days notice** if any scheduling changes are required. We understand that some situations are unforeseeable. Therefore, **a \$50 per scheduled appointment** failure fee will not be implemented unless a second failure occurs. We hope you understand that this policy is in place for the purpose of keeping costs down for all patients.

We hope you will be sensitive to the time of our team as we strive to provide individualized, personalized, quality care for each of our patients.

Please, once you have made an appointment, check your calendar to make sure you have no work or personal scheduling conflicts with the date and time we have reserved for you. In return, we will go to any length to be sure that we see you on time, keep appointments to a minimum, and get you on your way in a timely manner.

Together we can manage this major and controllable factor of health care cost.

Lili Tayari, DMD and team

Patient signature

General Consent and Payment Policy Acknowledgement

We are committed to providing you with the best possible dental care. When making an appointment, you are offering your consent to your dentist to examine, diagnose and treat you. In order for the dentist to offer you the best care, you must provide accurate information during the course of treatment. Proposed treatment may include basic restorative procedures such as fillings and/or preventive procedures such as a cleaning or x-rays. You should carefully consider the anticipated benefits and commonly known risks of all recommended treatments. By signing this general consent policy you are acknowledging your willingness to accept known risks and complications and to follow the advice of your care team. Failure to follow our advice and treatment plan may increase the chances of a poor outcome. You have the right to accept or reject proposed dental treatment recommended by your dentist. Our fees reflect our professional commitment to excellence. If you have dental insurance, we are happy to help you receive your maximum allowable benefits. In order to achieve these goals we need your assistance and your understanding of our payment policy. For the convenience of our patients we offer the following methods of payment fees:

A. Payment in full by cash, check, credit card, or financing for each appointment as service is rendered.

B. For insurance patients we gladly accept insurance assignments, but require that the deductible and non-covered fees be paid at each visit. In the event of duplicate payment, you will be reimbursed.

C. Visa, Mastercard, and American express and Apple pay are accepted.

D. Care Credit accounts are gladly accepted.

We will be glad to assist you in filling out an application. Credit approval is required. Please be aware that any parent bringing a child to our office is legally responsible for payment of all services rendered. Our office staff understands dental insurance, and will be glad to assist you in obtaining the maximum benefits specified in your contract with the insurance. It is important to understand that...

1. Your dental benefit program is a contract between you, your employer, and the insurance company. We are not party to that contract. This office files your insurance as a courtesy to you.

2. Our fees generally, but not necessarily, fall within the usual and customary fee structure, determined by your carrier.

3. Not all dental services are a covered benefit in all contracts.

4. You (not the insurance company) are responsible to us for all our fees for services rendered to you.

5. For patients who have insurance, an ESTIMATE will be given of the benefits that the insurance company is expected to pay. Any co-payment is expected at the time services are rendered.

6. The return of a check issued to Tayari Dental will result in a \$40 returned check fee being placed on the individual's account. Each account will be allowed two returned checks after which checks will not be accepted.

7. Any unpaid balance will accrue 1% interest at 60 days past due.

8. Any unpaid balance will be sent to an outside collection agency at 90 days past due and will accrue further interest. We will gladly discuss your proposed dental treatment and answer any questions you may have as to the involvement of your dental benefit program in receiving this care. We appreciate the opportunity to serve you.

Patient or Responsible Party

Date