

M. Ihsan Kayali, D.D.S
Periodontics & Implants Specialist

1111 W. Covina Blvd, Suite 220
San Dimas, CA 91773
(909) 599-9510

219 E. Badillo St.
Covina, CA 91723
(626) 966-9971

Financial Agreement

Our goal in discussing financial arrangements relative to your dental needs includes:

- To inform you of treatment alternatives
- Their respective advantages and disadvantages
- The consequences and/or risks of limited delayed treatment and/or no treatment

We will discuss with you the costs of the dental treatment and alternative treatment. We will gladly answer your questions until you are completely satisfied.

Dental Insurance

We are happy to assist you in receiving your maximum dental insurance benefits. Dental insurance is a contract between your employer, who selects your coverage limits, and the insurance company. You (the subscriber) will receive the dental benefits as defined within this plan. Insurance payments received by this office will be credited to your account or refunded to you in the case of an overpayment.

We cannot guarantee insurance carrier payments on office-generated insurance reimbursement estimates. You are responsible for all dental fees (charges) that your insurance company has not paid, for whatever reason, within a 60-day period from when treatment is begun. You will expect to pay the full amount due.

Payment Options

In addition to accepting payments directly from your insurance carrier, financial arrangements need to be made for your co-payment. The co-payment is the difference between the treatment costs and the insurance payment. We offer a 5% courtesy discount for full payment prior to beginning treatment. Our financial coordinator can discuss monthly payment arrangements.

Fees Guarantees and Nonpayment Procedures

We are obligated by state regulations to be certain you understand your dental treatment needs, appropriate treatment and options, fees involved, and financial arrangements. This is for the mutual protection of both you and us.

The estimated fees we provide for dental services are guaranteed for 90 days. If treatment is not begun within 90 days of the estimate date, cost of dental treatment could vary. Once dental treatment has begun, changes in the anticipated treatment plan may be required, depending on oral conditions encountered. You will be informed if this occurs and given the option of continuing treatment, changing treatment, or canceling treatment.

If your balance becomes 60 days or more overdue, our office reserves the right to interrupt or discontinue dental treatment and/or send your account to an attorney for collection. In the event that your account is sent for collection, you will be responsible for all costs and fees, including reasonable attorney's fees incurred. If payment is not made within 30 days, your account will be charged at rate of 1.5% per month.

Patient's Signature

Date

Patient's Name

Signature of Patient's Guardian

Date

Relationship to Patient