

Rajendra Desai, D.D.S., P.A.

Office Policy

Cancellations/Appointment Changes:

Our office requires 24 hour notice of cancellation and/or rescheduling of appointments. Please call during office hours only. Failure to notify our office within that time-frame may result in a charge of \$60.00.

Financial:

Payment is expected on the day that dental services are rendered. Financial arrangements must be made in advance as a condition of your treatment by this office. Co-Payment is due when services are rendered. There will be a \$50.00 charge for a returned check. We will accept cash or bank check once the check is returned.

Insurance:

Reimbursement from your insurance is not guaranteed, the patient is ultimately responsible for all charges. The estimated co-insurance payment is subject to change. Coverage approximate is based on the information provided by your insurance during verification and may not disclose specific restrictions.

The patient is responsible for all denied claims or procedures. If the claim is not paid by the insurance in a timely manner (45 days) the unpaid balance will be immediately due by the patient. The patient can then contact the insurance company for a reimbursement.

I have read and accept the terms of the above specified policies.

Signature: _____ Date: _____