



Dentistry for Health and Wellness

F. John Sayyah, M.D., D.D.S., P.L.L.C

16701 NE 80th Street, Suite 200 Redmond, WA 98052

Financial and Cancellation Policies Agreement

Financial and Insurance Policies:

It is our optimal goal to provide you and your family with the highest quality of dental care while maintaining a friendly and relaxing environment. In order to keep our standard of care at a level which best serves your dental needs, we ask you to please observe the following guidelines.

In order to provide this quality of dental care, **your payment is due at the time of service** unless other payment arrangements have been approved in advance. We accept cash, check, Visa, MasterCard and Discover. As a courtesy to our patients, we will file your dental insurance claims and bill your dental insurance company for treatments you receive. However, in the event the insurance company, for any reason does not pay the estimated portion of the bill, the balance will become the patient's responsibility and will be billed directly to you.

Please take the time to read and understand your insurance policy and benefits. In most cases, dental insurance is a contract between your employer and a dental insurance company. The benefits you receive are based on the terms of the contract that were negotiated between your employer and the dental insurance company, and not our dental office. Our goal is to help you achieve and maintain optimal dental care. Our office will do everything possible to help you understand and make the most of your dental insurance benefits.

All emergency dental services, or any dental services performed without previous financial arrangements, **must be paid for at the time services are performed.**

A service charge of 1.5% (18% annual) on the unpaid balance will be charged on all accounts exceeding 60 days, unless previously written financial arrangements are satisfied. Any accounts past due over 90 days may be sent to a collection agency. The fee estimate listed for dental care can only be extended for a period of 90 days from the date of patient examination.

It is our desire to make dental treatment affordable to all of our patients. We therefore offer the following financial arrangements:

1. 5% Cash Discount: For cash and/or check payments in full at time of treatment, minimum \$500.
2. We accept VISA – MasterCard – Discover
3. Patients with Insurance: Estimated portion not covered by insurance **due at time of treatment.**
4. Patients without Insurance: **Payment for dental services is due at time of treatment.**
5. Care Credit Financing: Your estimated portion for treatment can be put on a Care Credit Account, our in-office financing partner. Applications for Care Credit are available at our front office or you can request approval online at www.carecredit.com

Office Cancellation Policy:

We pride ourselves in providing extra time for the personal attention each patient deserves. Your appointment time in this office will be reserved exclusively for you. We respect your time and make every effort to keep you from waiting. We request you provide us with at **least 48 hours** notice if you need to reschedule your appointment. We reserve the right to charge patients who do not reschedule their appointments with adequate notice, or who fail to keep their scheduled appointments, a **cancellation fee of \$50.**

I have read the above conditions of the financial and cancellation policies and agree to their content.

Signature of patient, parent or guardian _____ Date _____

Signature of Guarantor of payment/responsible party _____ Date _____