

Desai Dental Care
3290 N. Ridge Road, Suite 180
Ellicott City, MD 21043
410-480-9111

www.desaidentalcare.com

Office Policy Consent Form

I hereby authorize my insurance benefits to be paid directly to Desai Dental Care. I am financially responsible for non-covered services. I also authorize the office to release any information required to process claims.

For all patients, payments and copays are due at the time of service (Payment plans and arrangements can be discussed)

For our PPO/Medical Assistant patients, this office will prepare forms for covered services to assist in making collections from the insurance company as a courtesy to you. It is possible that you will be requested to give us personal information; this information is for insurance purposes only. Failure to give this information may result in your claim being denied. These claims will be submitted to your insurance companies and a statement will forwarded directly to you for any balance not paid by insurance, which will be your responsibility. However, it is the responsibility of the patient to assist in this process when the claim remains unpaid for over 90 days.

In an effort to keep our fees as low as possible, non-covered services and products must be paid for at the time of service.

- We are a metal free facility; we do not offer Amalgam (silver) restorations. We offer direct and indirect Resin (tooth colored) restorations. Some insurance plans may cover less for posterior composites, or may only consider the fee for an amalgam restoration. The patient will be responsible for the difference in non-covered fees.
- Cancellation Policy: We require 24 hour notice for canceling of any scheduled appointments. Failure to do so will result in a \$30.00 charge.
- An administrative fee of \$25.00 will be charged for any copies of xrays requested by the patient.
- All account balances must be paid in full before any xrays or records can be released.
- There is \$35.00 fee for any returned checks.
- It is the patients responsibility to update our office with any changes in address, phone number, or insurance details. We will not be responsible for any confusion caused by non-updated information.
- Anything not paid/covered by the insurance is the patient's responsibility and they will be held accountable for the allowable fee.
- 1.5% interest will be added monthly to any account that has an unpaid balance for 60 days or more. Any balance left unpaid for 120 days or more will be placed with a collection agency.

Our office never discriminates based on sex, gender, religion, ethnicity, color, sexual orientation, disability, age, marital status, income status, or political beliefs and we will make every effort possible to accommodate every patient based on their individual needs.

Patient Name: _____

Patient Signature: _____ Date: _____