

— NCC —  
*Newton Corner*  
DENTAL CARE

Dr. Anjomi and her team would like to welcome you to the practice. We are committed to providing the best dental care for your particular needs. We will, however, only be able to accomplish this by spending the time necessary to diagnose and treat your dental needs. This treatment is very important to your health and should not be postponed by financial concerns.

Patients under the age of 18 must be accompanied by a parent or legal guardian. It is necessary for the parent/guardian to give permission for treatment and to sign off on the medical history of the patient. The parent who accompanies the child to the office is responsible for payment of services rendered.

To enable you to proceed without delay, we offer several financial options. We encourage you to select a financial option that works best in your budget. For your convenience, we offer the following financial arrangements for treatment exceeding \$500.00. **Fees less than \$500.00 are to be paid at the time of service.**

1. We accept Visa, MasterCard, American Express and Discover.
2. Our patients with insurance coverage are expected to pay our office directly for services rendered. As a courtesy we will file your primary insurance claim. Your insurance benefit will be paid by your insurance company directly to you. \*\*
3. Patients wishing their insurance benefit to be sent to our office will pay their co-payment and deductible at the time of service and complete a credit card authorization form to be used only if their benefit plan does not pay the remaining balance in full or make payment of any kind within 60 days of completed treatment. \*\*
4. The fee for a crown may be paid in two installments. 50% of the fee is payable at the first visit, and the remaining 50% is due when the crown is seated.
5. The fee for fixed or removable prosthetics may be paid in three equal installments. The first 33% is due at the initial visit, the second 33% is due at the try-in visit, and the remaining 34% is due at the delivery visit. (\*)
6. The fee for treatment over \$500.00 may be paid in monthly installments through Care Credit plan, upon credit approval.

*\*Options 1 and 2 are NOT available if we are a provider of your dental benefit plan.*

*\*\* This office will only assist patients with their primary insurance reimbursement. Additional plans must be filed separately with reimbursement assigned to the insured.*

**INSURANCE:**

I understand my insurance is a contract between the insurance carrier and me, not between Dr. Anjomi and the insurance carrier. As such, I understand that I am responsible for the full amount of all fees incurred for treatment. If I have paid my fee in full to the dental office, any payments received by Dr. Anjomi from my insurance carrier will be credited to my account or refunded to me.

**FINANCIAL RESPONSIBILITY:**

I/We agree and personally guarantee, in consideration of services and materials provided by Dr. Anjomi to be responsible for payment in full of all fees incurred. In the event that this matter is turned over to an attorney or agency for collection, I/We agree that I/We shall pay all costs incurred in the collection of this debt. The parent or guardian who brings their child for the appointments is responsible for payment, regardless of who holds the insurance and independent of what a divorce decree may state. Reimbursement must be made between the divorced parents, we will not intervene.

\_\_\_\_\_  
Patient's Name (please print)

\_\_\_\_\_  
Patient's or Parent's Signature

\_\_\_\_\_  
Date