



AG Dental Studio  
Michael Aznavour DDS  
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## Financial Policy

Thank you for choosing our practice to provide your dental care

We are committed to high quality care to our patients. Our goal is to help you reach the best oral health possible so you can enjoy the benefits of a comfortable, functional, and attractive smile.

### Dental Insurance

It's important to remember that your insurance coverage is a contract between your employer and your insurance company. Benefits and coverage vary significantly from plan to plan depending upon what your employer has agreed to with the insurer. Please keep in mind that insurance is not designed to provide 100% benefit, but rather is meant to *assist* in the cost of dental care. To avoid surprises on your bill, it is important to understand what your insurance will cover, and what you will need to cover in some other way. Dental benefits should not be confused with the dental services you need, which are determined by you and Dr. Michael Aznavour. We participate or are considered "in-network" most PPO Dental Insurances. We do not participate with any HMO Dental Insurance Plans.

As a courtesy to our patients, we are happy to submit your claims for services. In order for us to do this, you must provide us with accurate and up-to-date insurance information. We will verify your coverage and plan *before* your appointment. With this, we will estimate the insurance portion and your co-payment. This may or may not be what the insurance company will actually pay. Your plan may base its dollar allowance on a usual and customary fee schedule which may not coincide with current fees in our area. We'll do our best to help you receive maximum benefits. Patients are responsible for all balances incurred for services received.

We will wait 45 days for insurance claims to be paid. After 45 days if payment has not been made, you will be asked to pay the balance and seek reimbursement from your insurance company.

### Payment for Services

Payment is expected at the time of your services. If you have dental insurance, we will provide an estimate of your co-payment and collect your portion at the time of your appointment. We accept cash, checks, Visa, MasterCard, Discover and American Express. We also offer Care Credit, a healthcare financing program that offers interest-free payment plans upon approval.

A late fee of 1.6% will be assessed monthly to accounts after 60 days. Any unpaid balance over 90 days will be considered delinquent and turned over to a collection agency. Fees may apply. Returned check fee is \$35.00.

**Patient under the age of 26**

Please plan to be present at appointments with your child under 18. If you cannot be there, please make prior arrangements with our staff. The parent accompanying a minor child is responsible for payment. In the case of a divorce, regardless of decree, the parent who brings the child and has signed the financial agreement is responsible to pay for the child's services. We are unable to bill separate parties; therefore parents can work out these details.

If your child is over 18 and you will not be accompanying him/her to the appointment, please send payment along with your child or call with a card number to run while they are here. We can email a receipt to you upon request.

**Appointment Changes**

Your reserved time in our office is important. We understand that sometimes it is necessary to change your appointment so we ask that you kindly give us a minimum of 2 business days notice. Without this notice, we are unable to offer treatment to other patients that may have needed our care. If 2 or more appointments are broken in a 12 month period without 2 business days notice, all future appointments will be cancelled and patients will be placed on a "priority list" for their next visit.

Print Name \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_