

Friendship Smiles



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Friendship smiles goal is to help you establish excellent oral health. We are committed to helping you determine the most appropriate treatment for your dental needs and desires. Should you have questions concerning your treatment, treatment sequence, or fees for services, please ask for clarifications before treatment is begun.

Our Financial policy is as follows:

- We accept cash, Master card, and Visa
- Payment is due at time of service.
- Payment plans are available through Care Credit with payment options available up to five years at fixed rates.
- Insurance—insurance is a contract between the patient and/or the employer and the insurance company. It is not a contract between our office and your insurance company. We will be happy to assist you by filing your insurance claim and answering the details that the insurance may require. We cannot be responsible for payment by the insurance company. **The responsibility for payment belongs to the patient.**
- We will provide estimated balances between the cost of service and co-payment of your insurance. Predetermination of benefits may be advisable if there is a question concerning coverage.
- We will accept assignment of benefits subject to verification of insurance coverage.
- Extended treatment plans will be outlined so that appropriate payment may be made as each phase of treatment begun.

We reserve the right to accept or deny certain insurance plans at our discretion. If we accept your insurance plan, minimum 20% co-payment is due at the time of service. **If your insurance company has not paid the full balance within 60 days you will have 15 days to pay the balance.** A monthly finance charge of 1.65% will be added to any unpaid balances after 60 days from date of service.

Should your insurance plan be denied, full payment is expected at the time of service unless prior arrangements have been made through our front desk. **A monthly finance charge of 1.65% will be added to any unpaid balances after 60 days from date of service.**

Please remember that you are responsible for timely payments of your account. Should it become necessary to refer your account to an agency or attorney for collection, you will also be responsible for all costs associated with the collection including attorney's fees and court costs.

RECORDS AND REIMBURSEMENTS: Original records including radiographs are the property of the office. **If you desire we will provide you with a copy of your records or radiographs for a nominal duplication fee of \$25.00.** Any refunds for treatments that have not been performed will be done 10 days after written request in form of payment, except for cash refunds will be done by check.

I understand the above policy and agree to the terms herein.

Individual/Parent/Guardian/ Responsible Party

Date