

11484 Washington Plaza West
Suite 310
Reston, VA 20190
Tel. (703)318-8133
Fax (703)318-8895

Sherry Anoushfar D.D.S., P.C.
Mohsen Izadi D.D.S.

133 East Maple Avenue
Suite 206
Vienna, VA 22180
Tel. (703)319-9880
Fax (703)319-9885

EXPLANATION OF BENEFITS AND OFFICE POLICIES

HMO DENTAL PLANS: This type of plan encourages prevention and early detection of dental problems. Therefore, as a member, you are entitled to diagnostic and preventive services at minimal or no charge. Other procedures require the member to pay a reduced fee. These fees are determined by your plan type. Our staff will explain these co-payments and will be glad to answer any questions that you have about your dental benefits.

NON-HMO PLANS: We will be glad to obtain the appropriate benefits from your insurance carrier. We also bill your carrier as a courtesy to you. **You are responsible for the co-payment and any amount that is not covered by your insurance.** Please remember that dental insurance benefits are based on a contract between you and your insurance carrier. You are ultimately responsible for your account.

BROKEN APPOINTMENT: All dental plans require a fee for a missed or rescheduled appointment without 48-hour notice or at least **One Full Business Day**. This is done to assist the dental offices that designated the time and money to see their patients. Please note your appointment time carefully. **This time has been reserved exclusively for you. Confirmation calls may be attempted but are not guaranteed.** Please avoid this unpleasant situation by simply giving us 48-hour notice if you must reschedule.

PAYMENT: Payment is required for all dental procedures at the time of service. If your account is referred to collection, you are responsible for the collection cost and the outstanding balance. **Checks returned by the bank are subject to a bank processing charge.** MasterCard, Visa, Discover and American Express are accepted for your convenience. We also accept financing through Care Credit Financial Services; our staff will assist you in filing an application if you are interested. All patients with treatment plans over one thousand dollars will be pre-qualified for care credit. This does not affect patients credit in any way. For more information please ask the front desk.

Although this office may assist you with reminder letters or telephone calls, it is your responsibility to follow the recommended treatment maintenance program.

When there is a change in your insurance coverage, personal information or medical history, please inform our office immediately.

The above information is intended to provide clarification and prevent future misunderstanding. We welcome you to our office and assure you that we will provide you with the best care possible.

I HAVE READ THE ABOVE AND UNDERSTAND THE OFFICE POLICIES AND AGREE TO PAY THE FEES ESTABLISHED BY THIS OFFICE AND/OR MY DENTAL INSURANCE PLAN.

PRINTED NAME

DATE

PATIENT SIGNATURE