**Financial Policy**

Thank you for choosing My Dentist in Bakersfield, Practice of Reza Moghbel, DDS as for your dental provider. Our primary goal is to provide thorough dental care in a comfortable and relaxed environment. To ensure a long lasting and well-informed relationship with our patients, we have listed our policies as they concern you. Please read through the following Financial Policy along with our Scheduling Policy and sign where indicated. Should you have any questions, please do not hesitate to ask one of our team members. Thank you.

**Insurance -** If you have dental insurance, we gladly submit your claim as a courtesy to you. Although our office will check your insurance breakdown and eligibility prior to your appointment, PLEASE UNDERSTAND THAT IT IS YOUR RESPONSIBILITY TO CONFIRM AND MAINTAIN CURRENT COVERAGE WITH YOUR INSURANCE AND NOTIFY OUR PRACTICE OF ANY CHANGES 48 HRS PRIOR TO YOUR DENTAL APPOINTMENT. WE DO NOT GUARANTEE PAYMENT OR COVERAGE BY YOUR INSURANCE POLICY. IN THE EVENT THAT YOUR INSURANCE DOES NOT COVER A PROCEDURE, YOU WILL BECOME FINANACIALLY RESPONSIBLE FOR ANY COMPLETED TREATMENT.

**Payments –** Upon completion of your dental appointment, a member of our front desk team will produce an invoice outlining the estimated costs. You will be expected to pay as fees are due the day of service.

**Forms of payment -** Cash, Check, VISA, Master Card, Discover, American Express, Debit and Care Credit.

**NSF Checks** - If we receive a check returned to us for insufficient funds, the following would occur:

1. A $20.00 charge will be applied to your account.

2. You must clear the account promptly by paying with cash, certified check, money order or credit/debit card.

3. Your privilege to write checks in our office may be jeopardized.

**Collections** - Should it be necessary to turn your account over for collection, you will be held responsible for any additional collection or attorney fees.

**Scheduling Policy**

**Rescheduling and Changing Appointments -** We require that you notify our practice 48 hours (two business days) prior to your dental appointment if it is necessary to change and or reschedule your dental appointment.

**Appointment Confirmation** Our automated reminder system will attempt to confirm your appointment via text, email and voice 2 weeks, 2 days and 2 hours prior to your dental appointment. We ask that you please reply in some form to let us know you will be making your scheduled appointment. If we don’t receive a confirmation 24 hours prior to your appointment time, we reserve the right to give your treatment time to another patient.

**Missed and Late Appointments** Your appointment time has been reserved especially for you at exclusion of others who may be waiting for an appointment. If you miss your appointment and or don’t notify us in time, you will be charged $75.

I HAVE READ THE FINANCIAL POLICY ALONG WITH THE SCHEDULING POLICY AND AGREE TO ALL POLICIES.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_