

Alexandria dental health & smile Studios

MOJGAN MAZHARI DDS PLLC

Office policies

We feel both proud and privileged to provide you with what we believe are high quality dental care and state of the art facility. We aim to achieve these objectives by providing you with personal attention and service, spending ample time on dental health education and prevention of disease and keeping up with the latest and most cutting edge advancement in dental technology, continuing education and dental materials. In keeping, with these high standards of care, we disclose our office policies in advance, so that each of us can fulfill our obligations to the other without confusion or misunderstanding.

Appointment policy

In order to serve you, our existing and emergency patients in a timely and efficient manner, we need adequate notice of appointment changes or cancellations. A 48 hr notice is required for all appointments .In case the 48-hour notice is not adhered to, there will be a broken appointment fee charged that must be paid prior to any future treatment. The fee for broken appointment is

\$45.00 /half hour or \$90.00/one hour charged for the entire time scheduled.

Financial policy

We ask that our patients make payments at the time of service so that their insurance companies can directly reimburse them. We are considered out of network dentist as such we have absolutely no idea what dollar amount the insurance company will recover. This exact amount will be finalized after insurance company has received the claim and processed the claim. Please note that we will complete all insurance forms for you and we will process your claims electronically coupled with utmost compliance with HIPPA and privacy rules and regulations. We accept cash payments as well as major credit cards (MasterCard, Visa, And American Express) or via financing through CareCredit, chase, Citi, or Spring Stone. We can apply for your financing in the office or you can do it on your own. If you decide to finance your treatment, we will complete your claim information to your insurance company and if the payment is sent to us we will refund that amount back to the financed amount. Any charges incurred by this office related to collection of over due accounts (lawyers, collection agencies, etc.) will be added to the patients account balance. **There will be a \$40.00 charge for all return checks.**

Duplicate X-Ray Policy

We will need a written release form for duplicate x-rays are. We will need about 2 weeks to duplicate your x-rays and the charge for duplicate x-rays is **\$35.00**. If in addition duplicates are needed from all clinical notes and records including reports of treatment for any other entities; there will be additional charges depending on length of time required to prepare these records and reports. Average cost is **250.00** per hour.

Patient's Name _____ Date _____

Patient's Signature _____