

YOUR FAMILY DENTIST, PC

DR. YATI YADAV, DDS, FAGD & ASSOCIATES

8390 West Cactus Road #110 ♦ Peoria, AZ 85381 ♦ 623.878.3300 ♦ Fax 623.878.3302

FINANCIAL POLICY

Patient's Name _____
Last First MI

If you do not have dental insurance, payment in full for services is respectfully requested at the time of treatment. We offer a few payment options: cash, personal checks, credit cards (Visa, Mastercard, Discover, American Express) and bank debit cards. We also offer the Dental Fee Plan, which is a way to finance your dental needs at a reasonable interest rate. If you are interested in this method of payment, please inquire about it with our front office.

If you have dental insurance, we shall file your insurance claim as a courtesy to you. However, we cannot guarantee payment by your insurance company and your bill is ultimately your responsibility. In order to better serve you, please notify us immediately of any changes in your insurance coverage.

Most dental insurance plans have deductibles, maximums and only pay for a percentage of services rendered. For some treatment procedures, such as cosmetic treatment, insurance will not cover at all. We ask those of you with dental coverage to remit your estimated portion for services at the time of treatment. Once your insurance company remits their estimated portion to us, you will be sent a bill for any balance that is due. Your estimated portion is strictly an estimated portion. We cannot determine how much the insurance company will decide to pay until they have remitted their portion of the services to us. Only at that time, our office will be able to finalize what the patient's portion of the services will be.

We thank you for choosing us to provide your dental care.

I have read the above and understand and accept the Financial Policy of Your Family Dentist, PC.

Patient/Guardian Signature: _____ **Date:** _____