



Vireenchandra R. Patel, D.D.S.

Viren R. Patel D.D.S. A.P.C. 6610 Folsom-Auburn Road, Suite 8, Folsom, Ca 95630 (916) 988-3402

Thank you for choosing our office as your oral health care provider. We are a patient-centered office providing high-quality comprehensive dentistry. We strive to maintain our high standards through excellent service, professionalism, compassion, efficiency, and continuing education. We are committed to the success of your treatment and forming a lasting relationship with you. Please understand that payment of your bill is considered a part of your commitment to treatment in our office.

Financial Policy

Payment is due on the day that services are rendered. For your convenience, we accept cash, checks, Visa, MasterCard, & Discover Card. For extensive treatment plans, we offer extended payment plans with prior credit approval.

Regarding Insurance

As a complementary service we will process your dental claims with your insurance company. We will estimate the portion not covered by your insurance. Our estimates may differ from your insurance company's actual payment; therefore the amount due our office will be adjusted accordingly. **The balance is your responsibility whether your insurance company pays or not.** It is also your responsibility to inform us of changes in your insurance coverage. Remember, your policy is a contract between you and your insurance company. We are not a party to that contract.

Missed Appointments

Please help us serve you and our other patients better by keeping scheduled appointments. Missed or cancelled at the last minute appointments are then unavailable to patients anxiously awaiting dental care. If the need to cancel a scheduled appointment arises, we request **48** hours notification. Appointments cancelled with less than 48 hours notice are subject to a **\$50 fee**. Therefore, please consider your schedule carefully when scheduling appointments.

Thank you for taking the time to read and understand our financial policy. Please let us know if you have any questions.

I have read the Financial Policy. I understand and agree to this Financial Policy.

*Please sign and date: _____