

Financial Policy Agreement

Thank you for choosing our office for your dental care needs. Dr. Diamond is committed to the successful completion of your treatment. Please understand that payment of your bill is considered part of that agreement. The following is a statement of our financial policy that we ask you read and sign prior to treatment.

YOUR PAYMENT IS DUE AT THE TIME OF SERVICE.

We accept Cash, Checks, Visa, MasterCard, Discover, and American Express.

If you have dental insurance, we will help you receive your maximum allowable benefits. **If your plan requires a co-payment, the co-payment is due at the time services are rendered. Patients with Delta Dental, Blue Cross or Blue Shield Insurance should be prepared to pay for all services at the time of the visit (Delta Dental, Blue Cross and Blue Shield are reimbursement plans to the insured).** We will be happy to process your insurance forms for reimbursement.

We request a Credit Card number to charge co-payments. Please understand that if you have insurance that is to pay our office and they do not pay within 60 days, your Credit Card will be charged for the remaining balance due.

Credit Card # _____ Exp Date: _____ Security Code: _____

Signature of Card Holder _____ Date _____

Dental Insurance:

Insurance Company Name _____ Insurance Company Telephone # _____

Employee Name (First) (M.I.) (Last) _____

/ / _____
Date of Birth Social Security Number Group #

Employer Name _____ Employer Telephone # _____

Second Insurance Coverage (if applicable)

Insurance Company Name _____ Insurance Company Telephone # _____

Employee Name (First) (M.I.) (Last) _____

/ / _____
Date of Birth Social Security Number Group #

Employer Name _____ Phone # _____

Jeffrey A. Diamond D.D.S.
158 Second Street, Los Altos, CA 94022
(650) 948-0786

Account balances over 30 days may be subject to interest charges of 1.5% per month.

A \$100.00 fee will be charged for failed appointments or cancellations without 24 hour notice.

We will always gladly discuss your proposed treatment and answer any questions relating to your insurance to the best of our ability. Please be aware, however, that:

- Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract. Insurance companies do not always share current or accurate information with us.
- Our fees fall within the range accepted by most insurance companies and are therefore covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50% or 80%) of U.C.R. which is defined as usual, customary, and reasonable fees for this region. This statement does not apply to companies who reimburse based on an arbitrary schedule of fees, which may bear no relationship to the current standard and cost of care in this area.
- Not all services are covered in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

As your dental care providers our relationship is with you, not your insurance company. While filing insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems can affect timely payment of your account. If such problems arise, please contact us promptly for assistance in the management of your account.

If you have any questions about the above information, PLEASE do not hesitate to contact us as we are here to help you. You may contact Julie Loya, our business manager, directly at (650) 948-0786 between 8:30 a.m. and 4:00 p.m.

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

Signature of Patient or Responsible Party _____ Date _____

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