

Appt: _____

Time: _____

Ramin Noghreian DDS, INC

Nooshin Noghreian DDS,MS, APC

3771 W. 242nd Street, Suite 103 Torrance, CA 90505
Website: www.southbayendo.com
Telephone: (310) 375-1200 Fax: (310) 375-1299

Our Financial Policy

We request payment at the time
Services are rendered in our office.

Name: _____ Tooth: _____

Fee for Treatment: _____

Ins. Estimate Portion: _____

Patient's estimated portion due at the completion of treatment:

PAYMENT OPTION

Notes: _____

Acknowledgement of ESTIMATE Initials **X** _____

We realize every person's financial situation is different. Therefore, we provide several different payment options to our patients. We accept cash, check, or credit cards for your convenience. **(MasterCard, Visa, American Express, and Discover)**. We also offer Care Credit, for those patients that wish to finance their treatment. If you are interested, please speak with one of the secretaries prior to treatment and she will be glad to assist you. ***Please note: As of 5/2014, Care Credit requires a 3 day "cooling off" wait period after approval of a new account, before you can use the Care Credit Card for payment. This does not apply to existing Care Credit Cardholders. In addition, the card holder MUST be present and present their Driver's License and an additional ID at the time of payment, per Care Credit. Lastly, once you have chosen your payment plan (6 months interest free, 24 or 36 months at a fixed interest rate), we will NOT change or alter the payment plan chosen.**

INSURANCE

All patients are expected to pay their estimated portion of the cost of services at the time the services are rendered.

***Please note, the insurance may pay more or less than the estimate given. In those situations, we will notify the patient with a statement if there is a balance, or a refund check if the insurance pays more than expected. ***

We are Delta Dental Premier and PPO providers only. All other plans are out of network.

As a courtesy to our patients, we will submit your insurance claim. However, we cannot guarantee payment, since the insurance policy is an agreement between the patient and the insurance carrier. Any balance remaining after insurance becomes the patient's responsibility and is due in full.

There is a charge for consultations. Consultation fees are due from the patient and will apply towards the root canal for 6 months. We will also bill your insurance for your consultation. For those patients with Delta Dental Premier or Preferred(PPO) Plans, only your estimated copayment is due at the consultation. After insurance, you will receive a statement should there be a balance.

Due to the difficulty in dealing with certain insurance companies, there are some insurance plans that we do not accept as payment. In those instances, fees will be due in full, and we will submit your claim for you.

MEDICAL BILLING

If the patient has been in an accident and medical billing is required, we will provide the patient with the necessary information to submit the claim, **but we do require that the patient pay in full when services are rendered.**

I.V. SEDATION

***** Some patients prefer to have IV sedation, and this is a service we do offer. However, IV sedation requires a longer appointment and additional monitoring of the patient. Therefore, if you chose to have IV sedation, a deposit of half of the fees will be required prior to scheduling. *****

If you have any questions about the financial aspect of your treatment, please speak with the Front Office.

I have read and understand the above financial agreement for South Bay Endodontics. I have spoken with the financial department and I understand that the fee for treatment is my responsibility regardless of any insurance coverage.

Patient's Signature

Date

If you would like a copy of the financial agreement, please see the front desk.