

Pouradib Preferred Dental Corportion

2801 Yulupa Avenue Ste A | SANTA ROSA CA, 95405 | (707) 544-8338

Written Financial Policy

Thank you for choosing Pouradib Preferred Dental Corportion. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

You can choose from:

- Cash, Check, Visa or Mastercard

We offer a 5% courtesy accounting adjustment to patients who pay for their treatment (min of 500.00) in full with cash or check prior to completion of care.

- NO INTEREST¹ Payment Plans² from CareCredit

- Allow you to pay over time with NO INTEREST¹
- Convenient, low monthly payment plans² also available
- No annual fees or pre-payment penalties

Please note:

Full payment is due at the time of service. For plans requiring more than 1 appointment, alternative payment arrangements may be provided. **A \$100 non-refundable deposit is required to secure your initial treatment** appointment, once treatment is completed it will put towards co-pay, if appointment is cancelled or rescheduled with in 24 hour the fee will be forfeited.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.³ However, patient's estimated portion is due at the time of service. Accounts not paid within 90 days are subject to an 18% monthly finance charge.

A fee of \$100 is charged for patients who miss, cancel or reschedule an appointments without 24-hour notice

Pouradib Preferred Dental Corportion charges \$40 for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

¹If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required.

²Subject to credit approval

³However, if we do not receive payment from your insurance carrier within 60 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.