

**Ira R. Simon, D.D.S.**  
**1730 Novato Blvd., Suite G**  
**Novato, CA 94947**  
**(415) 897-7770**

## **OUR FINANCIAL POLICY**

Thank you for choosing us as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of the treatment. The following is a statement of our financial policy, which we require you to read and sign prior to treatment.

Our policy is as follows:

- \*Full payment is due at the time of service.
- \*We accept cash, checks or VISA/MASTERCARD.
- \*We can discuss a payment plan if necessary.

### **Regarding Dental Insurance:**

We accept assignment of insurance benefits for your visit. However, we do require full payment of co-payment at time of each service. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us your full insurance information. Please understand that your insurance policy is a contract between you and your insurance company and payments are dependent upon the premiums you pay and the benefits your company negotiates. We are not a party to that contract. If your insurance has not paid within 45 days, you will be responsible for the total amount of your balance.

Please be aware that some, and perhaps all the services provided may be non-covered and not considered reasonable.

### **Usual and Customary Rules:**

Our practice is committed to providing the best possible dental and oral care for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's determination of "usual and customary fees". Insurance companies may calculate their usual and customary by determining limitations on the extent of nature of treatment or services that may be provided for you.

### **Missed Appointments:**

Because time is reserved for you, a fee of **\$250.00** an hour may be assessed for a missed appointment not cancelled at least 48 hours in advance. Total amount of fee will be based upon length of appointment time reserved. Please help us serve you better by keeping scheduled appointments.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns. We are happy to provide any answers and are committed to making your visit as pleasant and educational as possible.

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

x

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date