



GOLNAR JAHANMIR, DDS

Pediatric Dentistry for Infants, Children, Adolescents, and Individuals with Special Needs

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FINANCIAL/PAYMENT POLICY

Thank you for choosing our office for your child's dental treatment. We are committed to providing your child with quality dental care. The following is a summary of our Financial Policy. Please read the following very carefully. We will be happy to answer any questions that you may have.

- If we are a participating provider with your insurance company, you will only be responsible for paying the deductible, co-payment, and any amount for services not covered by your insurance company.
- If we are a non-participating provider with your insurance company (i.e. if you have a plan that allows you to choose a provider out of network), as a courtesy we will submit all necessary insurance claims on your behalf. However, on the day of service, you will be responsible for payment in full for all services rendered.
- If you are not allowed to choose a provider out of network, or if you do not have dental insurance, you will be responsible for payment in full on the day of service.

We understand that under certain circumstances an account balance may be incurred. We kindly ask that all outstanding balances be paid in full within thirty days unless other arrangements have been made with our office. Please note, if we have not received payment or if you have not contacted us within thirty days, a finance charge will be added and further action may be taken with a collection agency and any late charges, legal fees, and/or agency fees incurred will be your responsibility. For returned checks (Non-sufficient funds) there will be a charge of \$35 in addition to the amount that is owed. For missed appointments without notification and/or appointment cancellations with less than 24 hour notice there will be a charge of \$40.

We thank you for understanding and look forward to treating your child.

Signature of Parent/Guardian

Date

