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WELCOME TO OUR PRACTICE

Thank you for choosing us as your Dental Care Provider. We are committed to your treatment being successful. We need to work together as a team to achieve optimum dental health for you. Our practice is committed to providing the best treatment for patients.

Our fee schedule is consistent for our area. The customary way we handle payment is at the time of service. This way we can help reduce overhead cost. We do offer a 5% courtesy for full cash or check payments made at the beginning of treatment for Root Canals, Bridges, or Crowns. We also accept Visa/Master Card & American Express. If you need a specific monetary quotation, please ask before services are rendered.

We will be happy to aid you in filing your insurance. However, payment is required in full as services are rendered. Please remember, we cannot file your insurance for you unless you bring in all insurance information and an original claim form. Your insurance policy is a contract between you and your insurance company; we are not a party to that contract. Please be aware that some, and perhaps all of the services diagnosed, needed and provided may be non-covered services or not considered reasonable and necessary under the Medical Care Program of which you are a part. Most importantly, please contact your benefits manager if you have any questions, this would insure your claim being processed in a timely manner.

A parent or guardian **MUST** accompany all patients under the age of 18. The adults accompanying a minor or the parents (or guardians) are responsible for full payment on the date of service. For unaccompanied minors, non-emergency treatment must be pre-approved and payment be pre-authorized to an approved Visa/Master Card & American Express, or payment by cash or check at the time services have been rendered.

Unless cancelled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of \$60 per half-hour schedule. Please note that there is a fee schedule at the front desk for your information. Insurance companies may discount these fees or not recognize them as services that they cover on your behalf. This information may aid you in your financial planning. We make every effort to contain costs for you while providing the best treatment possible to further your general and dental health. Please let us know if you have any questions. Most importantly, please contact your benefits manager if you have any questions, this would insure your claim being processed in a timely manner.

Please note that 2% charges will be applied to outstanding balances after 30 days. Any accounts not paid in a timely manner will be sent to American Collection agency for payment. Therefore, a 40% Collection fee will be added to the balance of your account.

I have read this hand out and understand the contents.

Date

Please read this hand out and understand the contents.

CASH _____ CHECK _____ CREDIT CARD _____