Future Dental Care
Shervin Shariati DDS
Future Dental Care
3752 Florence Street
Redwood City, CA 94063
(650) 780-9429

Signature On File

Please Read Carefully And Print Legibly

I authorize the release of any necessary information, including the records of any treatments, to my insurance company or consulting professionals in order to secure payments. The information released to the insurance companies is solely to facilitate billing and reimbursement directly to Dr. Shervin Shariati for treatment that has been completed. I request and authorize my dental insurance company to pay the dentist directly all insurance benefits for services rendered. I authorize the use of the signature on this page on all insurance submissions. A copy of this authorization may be used in place of the original. I also authorize the release of any necessary information to other dental professionals and specialists who may be involved with my treatment.

FINANCIAL AGREEMENT

I understand that I am financially responsible for all dental treatment received at Future Dental Care for myself and all my dependents. I request Future Dental Care to bill my dental insurance company on my behalf. I understand that I am responsible for any amounts not paid by my insurance company for treatment recieved.

Note: Please be advised that Future Dental Care can only estimate the amount that your insurance company will cover for each procedure. We do our best to be accurate, however, insurance company rules and regulations are not entirely divulged to us. Therefore, we are unable to accurately predict the amounts the insurance company will release for each procedure until after they have sent a check. At that time, the difference will be billed to you.

If we have not received any payment from the insurance company within 45 days the treatment was rendered, the full balance will become your responsibility. At that point, payment is expected immediately. Upon payment, we will provide you with any documentation necessary for direct reimbursement from your insurance company.

For all accounts over 45 days past due, there will be a 20.00 late fee and a finance charge of 1.5% (18% APR). All accounts over 120 days will be turned over to a collection agency for processing. There will be a $30.00 charge for any returned checks.

We accept cash, checks, Visa, MasterCard, and ATM cards as payment. Patients who wish to pre-pay for their entire treatment are eligible for a 10% cash and check, or a 5% credit card or ATM discount.

APPOINTMENT CANCELLATIONS

Please inform us as soon as possible if you must change a scheduled appointment. If we are not notified 24 hours in advance, we may charge your account $40.00 for each occurrence.

RECORD DUPLICATION

We will be happy to provide you with duplicates of your file, including x-rays and records of treatment. We do charge a fee of $30.00 for the materials and processing, and we ask for one working day notice in order to have the duplicates ready. We also require your signature on a release form in order to protect your privacy.

I have received a copy of the dental materials facts sheet.

I _____ have read and understood the above and agree.

Signature: _____ Date: _____