



**Michel H. Elyson, D.D.S.**  
**Ramin Assili, D.D.S.**  
Professional Corporation

## Financial/Insurance Office Policy

Thank you for selecting us as your dental care provider. We are committed to the highest level of quality, preventive treatment. Outlined below are our financial and insurance policies. Please read it carefully and sign it before being seen by the doctor.

1. Full payment is due at the time of service, unless previous arrangements have been made in advance.
2. We accept cash, checks, Visa/MasterCard, American Express, and Discover.
3. If you have a dental benefit, you are expected to pay your estimated portion, all co-pays, or deductible at the time of service.
4. With prior arrangements, we offer an extended payment plan through an outside financing company.

It can be a challenge to understand your insurance coverage. Our goal is to assist you in maximizing your benefits. We care for patients from many different companies. Each company pays an insurance premium for specific coverage, which fits the company budget. Each plan is slightly different in its coverage services. We encourage you to become familiar with your policy exclusions, deductibles and required co-payments.

Please understand that the insurance policy belongs to you and we have no leverage to obtain payment from your insurance carrier. Realizing that dental insurance policies restrict payment for some services, use restricted fee schedules, and exclude some procedures based on prior conditions or length of time on the plan. All restrictions are based on the premium paid for insurance, not our fees, or recommended treatment.

## Appointment Policy

We make every attempt to reserve appointments for our patients in a manner that reduces any waiting time and provide prompt and attentive service to each and every patient. We do not double book appointments. We expect our patients to respect their reserved appointment times and make every effort to be on time.

***We do require a 48-hour notice for any appointment change. Failure to do so could result in a broken appointment charge. Cancellation and No show charges are your sole responsibility and are not covered by any dental insurance plan.*** A broken appointment is a loss to you and prevents us from providing you with needed preventive and restorative care. It is a loss to the patient who could have had that appointment time. And it is a loss to our team who was fully prepared for your visit. Keeping your scheduled appointments and being on time is an **important** part of what contributes to our team providing the care our patients are accustomed to. We realize changes may need to be made occasionally, but we ask for your attention to this matter.

I have read, understand and agree to the above Financial/Appointment Policies.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### **Insurance Release**

I hereby authorize MICHEL H. ELYSON, D.D.S. and RAMIN ASSILI, D.D.S. PROFESSIONAL CORPORATION to release to my insurance company, information acquired in the course of my dental care. I hereby authorize benefits to be paid directly to MICHEL H. ELYSON, D.D.S. and RAMIN ASSILI, D.D.S. PROFESSIONAL CORPORATION. I understand I am responsible for any unpaid balances.

Signed \_\_\_\_\_ Date \_\_\_\_\_