

Chandni P. Jogani, D.D.S

Financial Policy

Thank you for choosing our office for your dental needs! At Dr. Jogani's we strive to provide you with a complete understanding of your dental benefits, financial responsibilities, and additional financial resources to assist you in completing your recommended dental treatment.

Please call your insurance company to confirm your coverage and request a comprehensive list of your benefits and limitations. Your insurance is required by law to give you a written copy of your benefits which you can bring with you to your appointment. Your estimated payment, insurance copayment and/or deductible will be due at the time of service. Dental insurance is a contract between you and your insurance company. We will bill your insurance company as a courtesy to you, and will make every legal and ethical attempt to maximize your insurance benefits. You will be responsible for any denied or non-covered benefits. If after 45 days from the date of service, we are unable to obtain payment from your insurance company, you will then be responsible for payment in full.

We accept most traditional dental insurance and PPO plans. We are not contracted with any HMO or DMO plans or Medicare/Medicaid programs. As a courtesy, we can submit any medically necessary dental services to your medical insurance for them to reimburse you directly. We will only accept insurance payment for medical treatment that has been pre-authorized by your medical insurance.

Medicare: Dr. Jogani has chosen to "Opt Out" of Medicare. All patients who are on Medicare, or are eligible for Medicare, must sign this federally mandated "Private Contract" in order to receive services at our office. All services are to be paid at the time of service and neither Dr. Jogani, nor the patient may file a claim to Medicare for reimbursement.

Medicaid: We are not accepting any Medicaid patients. We will only accept "Private Pay" patients. We will not file any claims to Medicaid for reimbursement of your services now or at any time in the future.

Champus/Tricare: We are not an active Champus/Tricare/Tricare for Life provider. We will NOT accept Champus/Tricare/Tricare for Life insurance, we will NOT file any claims to Champus/Tricare/Tricare for Life and we will NOT accept the Champus/Tricare/Tricare for Life fee schedule for reimbursement of our services.

We accept cash, check, MasterCard, Visa, American Express, Debit, Discover, and Care Credit (up to 6mo no interest). A 45.00 fee will be charged for return checks. If you need to make financing arrangements please speak with one of our staff at the front desk. Fee estimates for treatment plans are good for a period of 6 months. Our doctors and hygienists time is valuable. We want to give all of our patients adequate time and provide the best care possible, so we reserve your appointment time just for you. We reserve the right to charge a fee of \$45.00 for patients that fail to change an appointment with at least 24 hours' notice.

AUTHORIZATION AND RELEASE: I certify that I have read and understand the above information to the best of my knowledge. I authorize Dr. Jogani to release any information including the diagnosis and the records of any treatment or examination rendered to me or my dependent child(ren) during the period of such dental care, to third party payors and /or health practitioners. I agree to hold Dr. Jogani harmless of any claims I may have against her arising out of information disseminated pursuant to this authorization. I authorize and request my insurance company to pay directly to Dr. Jogani, the insurance benefits otherwise payable to me. I understand that my insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependents. I understand there is a 1.5% monthly finance charge added to all balances over 45 days (APR 18%).

I Have Read And Understand The Above And Agree To Their Content.

Signature

Date

Acknowledgement of Receipt of Privacy Practices

You may receive a paper copy of our Notice of Privacy Practices upon request. This notice is available electronically on our Web site **JoganiDDS.com** or by electronic mail (e-mail).

*** You May Refuse to Sign This Acknowledgment***

I have received a copy of this office's Notice of Privacy Practices.

Print Name: _____

Signature: _____

Date: _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify) _____