

Dr Rajal Patel, D.D.S.

Yogi Dental Center

30 Scotland Road
Orange, New Jersey
973-673-1311

FINANCIAL POLICY AGREEMENT

RE: PATIENTS WITH PRIVATE INSURANCE COVERAGE:

For those patients who are covered by private insurance, we will extend the courtesy of Billing your insurance company for you.

In order to provide this service for you, we must have complete insurance information and confirmation of your coverage . We ask that you fill out all forms which give us the necessary information. It is our policy that anything not covered by insurance is to be paid for at the time of service . You must also assign benefits to the office.

If your insurance company has not made payment within 90 days of billing, the balance will become the responsibility of the patient. Please remember that insurance is an agreement between the insured and insurer. Therefore, if any problem arises with carrier, we will ask that you handle it with the insurance company. Our office will provide your insurance company with additional information which may become necessary for resolution.

I understand and agree to honor my financial commitment to the office of Dr.Rajal Patel
As outlined above.

Patient

Date

Rajal J. Patel

Smile Care of Denville

9 Mount Pleasant Tpke Suite 203

Denville, New Jersey 07834

(973) 366-6662

Financial Policy

I _____ understand that my payment arrangement was done through a third party financing the cost of my treatment, and neither Yogi Dental Center nor its representative are responsible for my Financial arrangements.

I do understand the plan I picked, all my questions were answered to my satisfaction, and I was provided with the available brochures.

In case of cancellation after 24 hours there is a charge of \$200.00 flate fee involved for the office time.

Patient

Date