

Office Payment Policy

We appreciate the opportunity to serve you! We've found that a clear understanding of our financial policy in advance of dental care helps to relieve some of the anxiety associated with dental visits. Please read the following carefully and ask us any questions you might have. We will do our best to answer them for you.

- **Patients without insurance coverage need to know...**
The fee for the treatment rendered must be paid in full on the day of service.

- **Patients with insurance coverage need to know...**
The estimated patient deductible and cost for the treatment rendered must be paid in full on the day of service. Please understand that you are ultimately responsible for all fees generated by your treatment. Please keep in mind that insurance is designed to defray the cost of dental care by covering only a portion of the bill. The benefits that you receive are based on the terms of the contract that were negotiated between you, your employer and the dental insurance company and not your dental company.

- **We accept Visa, Mastercard, American Express, Discover, checks and cash for payment of the amount due.**

A 24 hour notice is required for rescheduling appointments.

A \$25 fee, depending on the amount of time that was reserved for you, will be applied to your account for rescheduling, canceling or failing to show up for your appointment without a 24 hour notice. Dr. Riar reserves your appointment time exclusively for you; please be considerate.

I have read and understand and agree to adhere to the financial policies outlined above.

Name: _____ Date: _____