Daniel Shalev, D.D.S.
Practice Limited to Endodontics

Financial Policy

We are committed to providing you with the best possible dental care. If you have dental insurance, we will be happy to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our financial policy.

Patients are required to present copy of driver's license and current insurance card(s) for verification purposes. All cards will be photocopied and remain in the patient chart. Payments are due at the time services are rendered. We accept insurance assignments of dental benefits for those who qualify. Patients are required to pay any deductibles, copayments and any fee beyond maximum limits of benefits.

If there is still a balance owing after your insurance company pays, that balance will be due and payable within 10 days. If there is a credit on the account, we will issue a refund check.

All appointments not cancelled with 24 hours notice will be assessed a $50.00 cancellation fee.

If collection services are required, you will be held responsible for all collection costs and any other fees incurred.

We will gladly discuss any insurance questions you may have. However, you must realize that your insurance plan is a contract between you, your employer and the insurance company. While filing the claim is a courtesy we extend to our patients, all charges are your responsibility from the date the services are rendered.

I have read the above. I fully understand and accept the terms and conditions set forth. I authorize release of any information relating to my dental claim. I understand I am responsible for all costs of dental treatment regardless of insurance.

We accept MasterCard, Visa, American Express, Discover and Care Credit.

_____ _____
Signature Date

I have received notice of this office's **Notice of Privacy Practices**.

_____ _____
Signature Date

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

Treatment: _____ Cost: _____ Initials: _____