



## **Practice Financial Policies & Disclaimer**

Thank you for choosing our Practice as your dental healthcare our Practice. We are committed to providing you with the highest quality of dental care so that you may attain optimal oral health. The following is a statement of our financial policy, which we require that you read prior to any treatment. As a fee-for-service practice, payment is due at the time service is rendered. Our office accepts cash, personal cheques, debit cards, credit cards as well as third-party financial options. Should you be interested in third party financial options, please inquire with our front desk team members for more information before seeking the treatment.

### **PAYMENT TERMS AND CONDITIONS.**

1. Patient agrees, assumes full responsibility and undertakes to pay the fees/bills associated with Consultation and treatment procedures on the day of Consultation or Treatment Procedure.
2. Payment will be done directly by the Patient to our Practice by NEFT /Electronically/cash/credit card/debit card.
3. All the International Credit Cards/Debit Cards and PayPal Payments may invite an extra charge by banks due to difference in exchange rates/service charges provided by different banks. Please confirm exchange rates/service charges for transfers of Currency Units. Exchange rates are volatile and are subject to change. Check the exchange rates before initiating the transfer.
4. In case certain billed items do not tally with the corresponding treatment received; the related bill amount can be held back from payment of the final bill, which means Patient shall make part payment of the total billed amount to the Practice for which the treatment has been received and tallied. Due reason/clarifications for such bills, if any, will be given. Clarification sought by the patients to our Practice may be sent within 15 days of receiving the bill as afore stated.



5. If Our Practice does not assume any responsibility nor can be held liable for any deficiency by TPA.
6. **Do we accept Insurance?** As a fee-for-service practice, we are not in network with any major insurance companies and are therefore considered to be an out-of-network Practice. In an effort to provide the best service possible, our office will help you optimize your out-of-network benefits. We take the initiative of providing you with relevant documentation/bills needed for your insurance claim. You will then be reimbursed directly from your insurance Company. However our practice at no stage assumes any responsibility or liability for claims rejected by the insurance companies.
7. **Do we accept Office Medical Reimbursements?** As a fee-for-service practice, we are not in network for Office Medical/Dental Reimbursements and are therefore considered to be an out-of-network Practice. In an effort to provide the best service possible, our office will help you optimize your out-of-network benefits. We take the initiative of providing you with relevant documentation/bills needed for your Office Medical/Dental Reimbursements. You will then be reimbursed directly for your Office Medical/Dental Reimbursements. However our practice at no stage assumes any responsibility or liability for claims rejected towards the Office Medical/Dental Reimbursements.
8. **Cancellation Policy:** Procedure/Surgery appointments are scheduled to allow sufficient time and accommodate our patient's individual needs. We require 2 business days' notice prior to your scheduled appointment when changes are needed. When inadequate notice of a cancellation is provided our staff is unable to accommodate other patient's needs. We do understand that emergencies arise; however, we reserve the right to collect a cancellation fee up to INR 1500-00 for all scheduled surgical appointments and INR 500-00 for all scheduled maintenance and consultation appointments.
9. **Returned Cheque Policy:** In cases where cheque are accepted, if a cheque is returned from the bank due to insufficient funds there will be a returned cheque charge applied, which has to be paid by the Patient. You will be notified, and the original cheque amount including the returned cheque charge must be paid in full immediately by cash or credit card only. A late-fee penalty of five hundred rupees (500.00) will be added if not paid within



five (5) days of the returned cheque, and any unpaid balances that are left unpaid may be referred to our attorneys for collection. If payment is not received by the one (1) month payment deadline, a finance charge including the interest will be applied to the outstanding balance and the account may be referred to our attorneys for collection.

- 10. Interest and Cost of Collection:** With respect to ALL unpaid balances due, the patient agrees to pay interest thereon at the rate of 1.5% per month, or the highest rate permitted by law, whichever is greater, until the outstanding balance is paid in full. In the event we have to refer an unpaid account for collection, the client agrees to pay all costs of collection, which we incur, including reasonable attorney's fees, costs, and expenses.

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