

Comfort Dental Associates
Family and Cosmetic Dentistry
9263 Old Keene Mill Road
Burke, VA 22015
(703) 455-3338
Dr.'s Akrami, Khasraghi, & Barezki

OFFICE POLICIES & CONSENT FOR TREATMENT

1. Before treatment can be rendered, adequate radiographs (x-rays) of the jaw and mouth must be taken. If these are refused you understand that treatment may not be performed, and we must have a written refusal signed by you.
2. Our Doctors at Comfort Dental Associates, administer local anesthetic and other methods of pain control as needed to make our patients more comfortable while receiving dental treatment.
3. When our office schedules an appointment for you, we reserve an allotted amount of time specifically for your treatment. 48 hours notice is required when canceling an appointment; otherwise you may incur a charge for a broken appointment at the discretion of the office.
4. As a courtesy to you, we may verify your dental insurance coverage. Although we strive to get the most accurate and up to date information, benefits are not guaranteed until claim submission. Our office is not required, nor obligated to obtain this information. Your dental insurance is a contract between either you and your employer, or you and your insurance company directly. The insurance company will always have the final decision regarding payment.
5. Any estimate arising from any benefits obtained by our office on your behalf is just that; an estimate. If you have concerns regarding specific coverage for any services exceeding \$500, you may request a pre-authorization be submitted.
6. Insurance fee schedules vary widely and often times do not cover the stated policy percentage due to exclusions, deductibles, and policy maximums. In the event your insurance carrier does not cover any rendered service, or if you have no insurance at the time a service is rendered, you will make a payment immediately upon request. In the event payment is not made as required, you agree to be responsible for costs and attorney fees of 35-50% if the account is sent to an attorney for collections, as well as an interest rate of 18% APR on all overdue balances.
7. Payment for services is due at the time services are rendered. We accept Cash, Money Orders, Visa, MasterCard, and in state personal checks. You may inquire about a payment plan we offer through Care Credit.

Patient Signature _____ Date _____

ASSIGNMENT OF INSURANCE BENEFITS

I hereby authorize Comfort Dental Associates, to apply for benefits on my behalf for services rendered and to release all necessary dental information to my insurance carrier to complete payment for my claims. I also authorize all dental insurance benefits which are otherwise payable to me, to be paid to Comfort Dental Associates.

Patient Signature _____ Date _____