



PAYMENT OPTIONS FOR OUR PATIENTS

We believe it is important not only to provide the highest quality dental care, but to make this care affordable for our patients. Please ask us any question you may have. We are glad to be of assistance. We have made arrangements for our patients that allow payment to be convenient and flexible. We are committed to helping you receive the dental care you desire and the most pleasant dental experience possible.

Payment in Full at Visit

Pay with cash, check or credit card
(VISA, MasterCard, Discover or American Express)
For amounts over \$5000, we offer a 5% courtesy for payment in full when you receive treatment.
We will gladly process any insurance claim for your direct reimbursement.

Adjusted fee: \$ _____
Savings: \$ _____

Estimated Co-payment at Visit

Pay with cash, check or credit card
(VISA, MasterCard, Discover or American Express)
With most insurance plans following benefit verification.

Estimated co-pay*: \$ _____

*We cannot guarantee this estimate and there may be a balance after insurance pays. Whenever choosing this option, we ask that you leave a credit card on file for any balance that may be owed.

No or Low-Interest Payment Plans

For amounts over \$3000 through CareCredit. We will gladly process any insurance claim for your direct reimbursement.

Monthly Payment: \$ _____

Credit Report Authorization: I, _____ authorize Dr. Chopra to obtain my credit report in the event that I request a payment plan for my treatment.

Signature

Date

Note to Patients with Insurance: We are happy to process any insurance claim as a service to you at no charge. Please keep in mind that any estimate that we provide to you is only an estimate and that you are responsible for all fees in their entirety. We are proud that our fees reflect the time that the doctor spends with each patient as well as the overall quality of care and service. Our fees are not based upon any insurance schedules, and are often above insurance allowance.

_____ I hereby authorize assignment of my insurance rights and benefits directly to the provider for services rendered. I fully understand that I am solely responsible for any balance not paid by my insurance company (if offered at this office).

Delinquent Accounts: Your account is considered delinquent if the requested payment is not received by the tenth (10th) of the month. If payment is not received, a late charge of 1.5 % per month (\$1.00 minimum) will be assessed. The annual percentage rate is 18%. If your account is not paid within 90 days of the date of service and no financial arrangements have been made, you will be responsible for legal fees, collection agency fees, interest charges and any other expenses incurred in collecting your account.

I have read and understand the financial options Dr. Chopra and agree to the terms described in it.

Signature

Date