

# EASTSIDE PERIODONTICS

## YOUR FIRST VISIT

**Please Initial**

### **PAYMENT FOR SERVICES:**

If you do not have insurance, payment in full for treatment is due at the time of service. We accept cash, check and all major credit cards. NO DISCOUNTS AVAILABLE.

### **INSURANCE AND DEDUCTIBLES:**

If you have insurance we will be ESTIMATING your portion owed based on today's eligibility report. This portion will be due at the time of service. Various plans cover periodontal procedures at different levels. As a result your amount due may vary from our estimate. You may have a deductible due which will reflect after services have been completed - this is shown on your EOB.

### **THIS IS ONLY AN ESTIMATE:**

The estimate could change your out of pocket cost if you have ANY TREATMENT done at another office from now until date of service. As a courtesy we will bill your insurance company, but this estimate is not a guarantee of payment. Please be aware that you will be responsible for any residual balance due after insurance makes a payment.

\*\*\*\*All dental procedures are paid out of your annual maximum\*\*\*\*

Eastside Periodontics will bill all insurance; however, we are a preferred provider with: Assurant/Aetna, Cigna and Delta Dental. Please understand that your insurance is a contract between you and your insurance company, where you and your employer negotiate the details. We do our best to provide you with accurate information regarding the cost of treatment, but you are ultimately responsible for all services provided by us. We want you to get the most from your dental benefits, and this is best accomplished if you understand them. Please read your benefit or plan booklet or go online to your insurance company website to understand all clauses that pertain to your treatment.

I acknowledge that any balance unpaid after 60 days is my responsibility regardless of dental benefits. I understand that this account becomes delinquent if not paid within 60 days after treatment is completed. Should my account exceed 60 days, an interest charge of 1% per month will be applied. (per RCW 19.52)

### **FOLLOW UP APPOINTMENTS**

All tissue checks and final post ops for connective tissue grafts and implants are included in the initial treatment planned fee - your insurance will not be billed additionally. It is very important to keep all of your follow up appointments to ensure proper communication with your dentist.

**Implant** follow ups are done 3 months after you have the final crown placed, this is when Dr.Likhari communicates with your dentist that the treatment is complete.

**Periscope and Scaling and Root Planning** re evaluation exams will be billed to your insurance.

### **\*\*\*\* CANCELLATION POLICY \*\*\*\***

We require a minimum **3 business days (72 hours) notice for canceling or rescheduling an appointment** for any reason. *Our business days are Monday through Thursday, excepting any holidays.* **The cancellation fee is 1/2 of the treatment scheduled.** The treatment is specific to you so it is important to keep the scheduled dates and times to properly complete your treatment.

I understand that this is a treatment plan recommended by Dr. Vikram Likhari. I have reviewed the payment policy and cancellation policy written above and will be prepared to make payment accordingly. Fees in the treatment plan provided are guaranteed for 60 days. If the procedure changes you will be notified because the fees may change as well.

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Signature

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Date