

# **CASE DENTAL GROUP: DR.AGHABEIGI & DR. BEHESHTIAN**

9381 E. Stockton Blvd #116, Elk Grove Ca 95624 (916) 683-2000

## **WRITTEN FINANCIAL POLICY**

Thank you for choosing CASE DENTAL GROUP. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care for our patients as easy and manageable as possible by offering several payment options.

### **PAYMENT OPTIONS**

You can choose from:

\*Check, Visa, MasterCard, American Express, Or Cash.

We Offer a 5% courtesy adjustment to patients who pay for their treatment with cash or check prior to completion of care.

\*No interest payment plans from Care Credit:

\*Allows you to pay NO INTEREST

\*Convenient, low monthly payment plans available

\*No annual fees or pre-payment penalties

Please Note:

Case Dental Group requires payment prior to the beginning of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

We accept payment in thirds. For plans requiring multiple visits an alternative payment arrangement may be provided. For large, more comprehensive treatment plans of \$500.00 or more, a 1/3 deposit is required to secure your initial treatment appointment.

For patients with dental insurance we are happy to work with your carrier to maximize your benefits and directly bill them for your reimbursement of your treatment. However, if we do not receive payment from your insurance carrier within 90 days you will be responsible for the payment of your treatment fees and collection of your benefits directly for your insurance carrier.

***A fee of \$50.00 per hour is charged for patients who miss or cancel there appointment without giving a 48-hour cancellation notice..***

*Case Dental Group Charges \$25.00 for returned checks.*

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need

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Patient, Parent or Guardian Signature

Date

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Patient Name (Please Print)