



## **FINANCIAL AGREEMENT**

At Nishan Halim DMD, we endeavor to maximize your dental benefits and make your treatment fees as affordable as possible. We strive to limit the cost of treatment as a deterrent in accepting the quality care you need or desire.

### **PATIENT RESPONSIBILITY**

Financial arrangements must be made and financial responsibility must be determined for each patient beginning dental treatment or services. The fees we charge for dental services are the same for every patient, those with dental benefits and those without. As a non-contracted dental office, however, we are unable to render services on the assumption that our charges will be paid by your dental benefits provider. Payment for treatment is due at or before the date of service unless prior arrangements have been confirmed. We accept a variety of payment options, including cash, personal checks, major credit cards, and in-office financing.

We offer a 5% discount for all treatment over \$5,000 paid in cash or check. Additionally, we accept CareCredit, a patient payment program offering a variety of Deferred Interest and Extended Payment Plans for treatment fees from \$500 and up. We realize that every person's financial situation is different. We work hard to keep our fees fair and reasonable for the high level of care we provide.

Checks that are returned to our office from your bank or financial institution for any reason (insufficient funds or unavailable funds, stop payment, closed account, questionable or missing signature) are subject to a \$50.00 returned check fee. This fee covers the processing fees that are charged to our office.

### **DEPOSIT POLICY**

We invest extensive resources to prepare and reserve dedicated time for appointments over 90 minutes, we require 25%-50% of the total treatment fees as a deposit to reserve your appointment. The individual deposit amount will be determined on a case by case basis.

### **DENTAL BENEFITS**

Your dental benefits are an excellent tool to subsidize the cost of your treatment in our office. We are happy to verify your benefits coverage and eligibility before treatment. We are sensitive to your financial circumstance and will strive to help you receive the treatment necessary to your oral health. Patients are, however, responsible for payment regardless of the dental benefits providers' determination of usual and customary rates. We are happy to submit the claims necessary to see that you receive the full benefits of your coverage; however we cannot guarantee any estimated coverage. Because the benefits policy is an agreement between you and the benefits provider, patients are directly responsible for all charges at or before the date of treatment.

## **OUR PROMISE**

Please know that we will do everything possible to see that you receive the full benefits of your policy by electronically filing your claim within one week of your appointment. Your dental benefits provider will reimburse you directly based on their usual and customary rates.

Beyond the timely submission of your dental benefits claim, we are limited in the amount of assistance we can offer. Due to the confidentiality agreement between you and your benefits provider, any further interaction would be the responsibility of you, the policy holder. We will, however, assist you with any information that we can provide. Although we do not contractually participate with dental insurance companies, we do work closely with all PPO dental benefit policies.

Some benefit providers pay 100% of our fees for specific procedures and a percentage of our fees for others. We verify patient benefits prior to their appointment to provide an estimation of the reimbursement they may expect from their dental benefits provider.

## **AUTHORIZATION**

We may use and disclose financially identifiable information to our collection agency or collection attorney to obtain a payment for service we provide you. We may contact you at your home or workplace to discuss matters related to dental services provided or fees charged and/or payments made for such services. We may leave messages concerning appointments or other information on your answering machine or with a family member.

## **CONTACT US**

We realize that temporary financial situations may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. Most often, financial misunderstandings can be managed with a phone call. Please feel free to contact Erica, our Financial Coordinator, at anytime to discuss any concerns you may have.

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This agreement supersedes all prior agreements signed, including any and all mediation, mediation/arbitration or financial agreements. Please sign below to acknowledge your receipt, understanding and acceptance to the aforementioned financial agreement.

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Patient signature

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Date

\*Pay no interest if the total amount is Paid In Full within the Promotional Period on qualifying purchases of \$500 or more made with your Care Credit card account. Interest will be charged to your account from the purchase date if the promotional purchase is not paid in full within the promotional period. Care Credit is subject to credit approval.

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