

Maryam Nejat D.M.D

11701 Livingston Road, Suite 305 Fort
Washington, MD. 20744

Phone: 301.292.0105 Fax: 301.292.5527

Thank you for choosing The Office of Dr. Maryam Nejat. It is exciting to have you join our patient family! We believe in the importance of quality dental care and will strive to provide the best dental treatment possible. Also, we understand the financial limitations that influence your choice of care and want to assure you of our flexible approach by offering several payment options.

WE ACCEPT CASH, CHECK, VISA, MASTERCARD, AND CARE CREDIT

Terms and Conditions Payment terms:

Maryam Nejat, D.M.D requires payment in full prior to beginning of your treatment. Once a customized treatment plan has been formulated for your dental needs, Dr. Nejat or a team member will discuss further payment options.

FOR OUR PATIENTS WITH DENTAL INSURANCE: We will be happy to work with you and your insurance carrier to maximize your benefits. Payment of insurance co-payment and co-insurance amounts are expected at the time of your visit. If you choose to assign your insurance benefit directly to us we will then bill your carrier for the balance of your payment. If payment is not received from your insurance carrier within 60 days, the balance owed becomes your responsibility. Some insurance companies send payments directly to patients instead of to the dental provider. It is your responsibility to endorse and submit these checks over to Maryam Nejat, D.M.D within ten days of receipt.

INITIAL_____

Cancellation Policy/Returned Check Fee: A fee of \$45 is charged for patients who no show or cancel their appointment more than 1 time without 24-hour notice. A fee of \$40 is charged for a returned check. INITIAL_____

Small Balance Policy: As a courtesy, we would like to limit the amount of statements you receive. Therefore, it is our office policy to keep a credit card on file, so we may take care of any balance under \$100. You will receive a text confirming settled balance.

INITIAL_____

DEPOSIT POLICY: Due to the extensive amount of time our staff and doctors devote to preparing and reserving uninterrupted time for reservations over 2 hours, we require a deposit of half of the treatment fee to make your reservation.

INITIAL_____

Declining card information will result in a \$30.00 paper charge for mailed balances.

I have read and agree to the Financial Policy and the Cancellation Policy of Maryam Nejat D.M.D. I agree to a credit card on file that may be charged for small balances and deposits for future appointments.

Circle One: Visa CareCredit MasterCard

Declining card information will result in a \$30.00 paper charge for mailed balances.

Credit Card Number_____ CVN code_____ Exp Date_____

Signature of Patient or Responsible Party: _____ Date: _____