Aaron Memon DMD

Financial Agreement

Patient Name:_____

PAYMENT IS EXPECTED AT THE TIME OF TREATMENT. For your convenience, we accept cash, MasterCard, Visa, American Express, Discover, Care Credit, and debit cards if they are MasterCard or Visa. Personal checks are accepted ONLY for established patients with scheduled treatment plans.

Patients with insurance: Insurance claims are filed at this office as a **courtesy** to you only. The office staff will attempt to estimate your deductibles and co-pays. You will be expected to pay the estimated deductibles and co-pays at the time of service. **THIS WILL BE AN ESTIMATE ONLY!** If your insurance company does not pay the expected amount, you will receive a bill for the balance.

TREATMENT PLANS ARE ONLY AN ESTIMATE OF WHAT THE INSURANCE COMPANY WILL PAY, claims denied by the insurance company will be the responsibility of the patient.

Balances over 60 days are subject to collection which may include extra account charges.

Please do not accept service until you understand your charges. Obtain a receipt at the time of service for your records.

Appointments broken without prior notification will be subject to a $50.00 fee.

I have read the above statements. I agree to be personally and fully responsible for payment of Dr. Memon's fees if my insurance denies payment in part or in whole, or, I am self pay.

Signature of patient or responsible party:_____

Date:_____