

FINANCIAL POLICY

Hasan Dbouk, B.D.S., M.S.D.
600 University Street #820
Seattle WA 98101

In our continued commitment to provide the highest quality dental care available to all of our patients and to have those services comfortably affordable, we are pleased to offer you these options for payment.

<p>CASH CHECK PERSONAL CREDIT CARDS VISA MasterCard</p>	<p>PREPAYMENT for NONINSURED PATIENTS</p> <p>We are happy to offer a 5% discount (3% credit card) for restorative services over \$1,000.00 when prepaid in full upon scheduling your appointment.</p>
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<p>We are pleased to offer a monthly financing options which is administered for us by CARE CREDIT Please ask our administrative staff for details and credit applications</p>

<p>We are committed to support you in understanding your dental health, so that you will always be able to make the best choices.</p>	<p>We will, as a courtesy, process your insurance benefits in our office, which will relieve you of this time consuming and sometimes-complicated task.</p>
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I agree that I am fully responsible for the total payment of all procedures performed in this office – this includes any treatment that is not a benefit of any dental insurance that I may have. I understand that all services are due and payable at the time services are rendered, regardless of whether or not my insurance benefits have been received. One and one-half percent (1.5%) per month interest (18% per year) will be charged on accounts 60 days from treatment date.

MISSED APPOINTMENTS

Appointment times are reserved especially for you. If you come in late, the Doctor may request that you reschedule the appointment and you may be charged a fee of \$100. If for any reason you should need to change your appointment, there will be no charge, provided you give us 48 business hours' notice. Please help us serve you better by keeping your scheduled appointments. We are here to assist you in any way possible. Please make your questions and concerns known to our team. Our goal is to ensure that you have an outstanding experience.

Signature (Patient/Responsible Party)

Date