

Dr. Saeed Mehrabani, D.D.S., P.A.

Welcome To Our Practice

We would like to thank you for allowing us to treat you as a patient. We are pleased to meet any dental needs you or your family have. We will **always** do our best to give you the most up to date and professional care available. To avoid any confusion, we have listed below some of our office policies and procedures.

- As a courtesy Dr. Saeed Mehrabani D.D.S., P.A. will file your dental claim with your insurance company. **Your deductible and co-pay or any portion not covered by your insurance company is due at the time of service.** Please remember your insurance is a contract between you, your employer, and your insurance company. We will gladly act as an advocate but cannot be responsible for settling disputes with insurance. For those patients without insurance coverage, ***you will be responsible for your payment in full on the day of treatment, unless other arrangements are made in advance.***
- This office uses **BOTH** composite (tooth-colored) fillings and amalgam (silver) fillings. The use of composite on posterior (back) teeth **may or may not** be covered by your insurance company. In some cases, *your insurance company may downgrade the price of a composite filling to the price of an amalgam filling.* In these cases you will be responsible for the price difference not covered by your insurance company for the composite filling. If you prefer to have amalgam placed on a posterior tooth, please let the doctor and staff know at the time of your visit.
- **Broken appointments are very costly and inconvenient.** Please inform us no less than twenty-four (24) hours in advance if you are unable to keep your appointment. For appointments broken or cancelled less than twenty-four (24) hours in advance we will charge a \$50 fee if the broken appointment was with the hygienist and a \$100 fee if the broken appointment was with Dr. Mehrabani. **For appointments requiring two (2) or more hours of chair time, we will charge ½ the price of the planned procedure for patients with a history of missed or cancelled appointments.**
- If you are more than fifteen (15) minutes late for your appointment, you may be rescheduled for another day. *This will be considered a broken appointment and you will be charged a late cancellation fee.*
- All patients under the age of eighteen (18) will not be seen or treated, in the absence of a parent or legal guardian, without consent by one or both parents or guardians.
- You are responsible to pay the cost of collecting any debt owed on your account. This includes all attorney's fees, late fees (\$25), and interest to be charged at one percent per month.

By signing below you have read and understood our Notice of Privacy Practices that is posted in our waiting area. A copy of this agreement is available upon request.

Your cooperation is greatly appreciated in this matter. If you have any questions, please feel free to ask our friendly staff.

Signature: _____ **Date:** _____