

Joseph Sarkissian DDS  
906 N. Glendale Ave.  
Glendale, CA 91206

Tel: 818-247-7828  
Fax: 818-247-7833  
drs@sarkissiandds.com

Upd. 10.18.17

## OFFICE POLICY

### Payment policy:

We are a fee-for-service office. Full payment is due on the day of service.

There will be a **\$220 per hour charge on missed or cancelled appointments** unless notified 48 hours in advance. Missed hygiene appointments will be **fully charged**.

There will be a **2% monthly** interest on balances over 30 days.

For lab-made restorations, half the balance is due on the day of service, and the remaining half on the day of delivery.

Any fees incurred for the recovery of overdue payments, including late payment charges and collection fees, will be borne by the patient.

A copy of a patient's X-rays carries a fee of \$25, copy of full records carries a fee of \$50.

### Refund policy:

The charges for a new patient exam, X-rays, and already fabricated lab restorations or appliances, whether they are seated or not, are never waived or refunded.

Our refund policy does not cover fees for full or partial dentures, dental implants, root canals, TMJ therapy, surgeries and veneers, these being strongly subjective procedures with high individual and tolerance variability.

### Insurance policy:

Our office strives to provide patients with the most comprehensive, long-lasting and biologically feasible treatment options, considered to be in the best interest of the patient. We are not a preferred provider for any insurance, and many of our procedures may only be partially covered, or not at all, by most insurance plans. To continue providing the highest quality care for our patients, without being influenced by insurance requirements, we are a fee-for-service practice. The patient is responsible for their bill. The patient is also responsible for calling their insurance for benefits and/or claims status. **However, as a courtesy, we provide you the service of submitting your dental treatment claims to your insurance, for direct reimbursement.** There are no guarantees as to what fraction of the procedures they choose to reimburse you. In the event that we receive a payment from the insurance, we will either apply it towards future treatment, or refund the money to you.

### Treatment policy:

Dental treatment will only be initiated after a full exam and diagnosis is carried out.

No dental treatment is commonly undertaken on the day of the initial examination, unless there is a pressing emergency.

A full evaluation, diagnosis and treatment plan cannot be made without current X-rays. "Current" implies within the past six months.

Copies are acceptable if they are clear.

I, the undersigned, have read and fully understood the terms and conditions outlined above.

Patient's full name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's signature: /s/ \_\_\_\_\_