



Murad Gharibian, D.D.S. Inc.
DG Dental

WELCOME TO OUR PRACTICE!!!

Thank you for selecting us as your personal dental care team. We are here to serve you and we shall make every effort to see that your dental experience is comfortable.

If at any time you have questions regarding treatment, fees, or service please discuss them with us promptly and frankly. We will make every effort to avoid a misunderstanding, to rectify an error, or to preserve a friendship.

In welcoming you and your family to our office, we extend an invitation to read through this specially prepared patient information. We feel that the more you know about our policies and methods of practice, the better we can serve you.

Our Philosophy

Painless dentistry and prevention are our main goals here at DG Dental of Newport Beach. The prevention of oral disease is less traumatic and less expensive than treating a crisis after it occurs. With careful planning, mutual trust and agreement, we can help you and your family maintain good dental health for a lifetime. Creating beautiful smiles is an art form just like creating a work of art, it takes skill, knowledge, experience and the desire to excel. It's a labor of love, and I love what I do.

Office Visits

If you have immediate pain-related problems, we will care for these first. If not, or after we have taken steps to relieve pain, we then can discuss what your dental concerns are. Along with the discussion, a review of your medical and dental history will determine general health or any specific problems. Besides the teeth, we also examine the soft tissues of the mouth and throat. We strive to make all aspects of your dental visit painless. We provide each patient a treatment plan with an *estimate* of your and your insurance portions.

Appointments

Patients are seen by appointment only, so please call in advance so that we may reserve an appointment for you. We make every effort to be on time for our patients and ask that you extend the same courtesy to us. **If you cannot keep an appointment, please give the office 24 hours notice otherwise a \$75.00 no show fee will be charged to your account.** This courtesy on your part makes it possible for another patient to use the time.

Hours

We are here for your dental needs Monday through Friday and every other Saturday. Please note that we close every other Friday. We have appointments available for early evening and early morning.

INSURANCE POLICY

- (_____) INITIAL 1. We will bill your insurance company for you if all information is provided at the time of your visit. This is done as a courtesy-however, we cannot look to the insurance carrier for payment of all charges. It is your responsibility to follow up on insurance claims in cases of non-payment or in cases where payment has not been received within 30 days. Balances that are 90 days past due may incur additional fees.
- (_____) INITIAL 2. You, as the patient (or parent or guardian of the patient), authorize treatment and are solely responsible for payment of services. All insurance co-payments, deductibles are due at the time you are seen in the office. We are also in-network providers with many insurance companies.
- (_____) INITIAL 3. You are responsible for payment of your bill-not your insurance company. Your insurance coverage is a contract between you and your insurance company to help you meet medical expenses. It is not possible for us to provide service on the basis that the insurer will always pay all charges, as coverage varies so greatly. If you are not covered by insurance, office visits are due and payable at the time of service.
- (_____) INITIAL 4. Since we are not a party to the agreement with your insurance carrier, it is not our responsibility to contact carriers to establish why they have not paid or paid less than originally indicated. If there is a problem in this regard we will be happy to assist you.
- (_____) INITIAL 5. We will do our best with the information provided from your insurance company to estimate your portion due and the portion your insurance should pay. However, there may be portions of that estimate that your insurance may deny and therefore, would be reflected back to the patient portion.

FEES AND PAYMENT POLICY

1. For routine treatment (x-rays, cleaning, fillings etc.) Payment is due at the time of service. If insurance is involved you would pay the appropriate co-payment.
2. Any account showing a balance past 30 days will be charged interest at 18% per year.
3. For extended or complex treatment (root canals, crowns, bridges, prosthetics etc.):
 - A. Cash Patients: ½ down at the beginning of treatment and the other half due upon completion with prior arrangements made.
 - B. Cash Patients: If total treatment is paid in full on the first appointment then a 5% discount will be applied, DG Dental Smile not included.
 - C. Insurance patients: Your portion (co-payments) would be ½ due at the beginning of treatment and the other half due upon completion.

RETURNED CHECKS SUBJECT TO \$75.00 CHARGE!!!

Signature: _____ **Date:** _____

By signing I am stating that I have read and understand the above policies and agree to the terms.