

RAMIN SHABTAIE, D.D.S., INC.
Statement of Financial Responsibility

To avoid any misunderstanding regarding the services rendered, we would like to clarify that patients and their financially responsible parties are directly responsible for all fees associated with professional services rendered. **It is customary for professional fees to be paid at the time services are rendered. This is applies to all patients with or without insurance co-payments/co-insurances.** If you have insurance, Dr. Shabtaie may or may not be a provider for your insurance plan. Our office will make attempts to contact your insurance company and obtain coverage benefits. Insurance coverage is not a guarantee of full or partial payment by the insurance company. Our office will collect all applicable fees from patients prior to submitting any claims. Charges not paid for by insurance will be the responsibility of the patient and his/her financially responsible party.

Patient's name**

Date

Financially responsible party**

Date

Patient's or responsible party's signature**

Date

** If patient is under 18 years of age, a parent or legal guardian responsible for payment of fees must sign and assume responsibility.**

Disputes regarding charges to credit/debit cards will require notifying our office in writing. The financially responsible party agrees not to pursue refunds/disputes through bank or other financial institutions, without initially requesting resolution by contacting our office.

You may ask to obtain a copy of this signed form.