



**FINANCIAL AGREEMENT BETWEEN VISHAL SHAH, D.M.D.
AND THE PATIENT OR RESPONSIBLE PARTY NAMED BELOW
Office Policy & AUTHORIZATION FOR RELEASE OF INFORMATION**

ALL CELLULAR PHONES MUST BE TURNED OFF BEFORE ENTERING OUR OFFICE

I authorize the release of any medical/dental information necessary to process insurance claims for services performed by Dr. Shah the appropriate third party organization. I also authorize my insurance benefits paid directly to Dr. Vishal Shah.

1. PATIENTS IMPLY CONSENT FOR EXAMINATION AND TREATMENT BY VISITING THE OFFICE. Certain procedures require special consent. Refusal of treatment is your right, however, a written refusal, signed by the patient or their guardian is required.
2. Minors can only be treated when a parent or guardian is in the office, unless, permission is given by telephone to two staff members. *When your child is receiving dental treatment, we ask parents to remain in the waiting Room.*
3. *Fees are payable when services are rendered.* With or without dental insurance, we realize that professional oral health care can be a costly investment. After your initial New Patient Comprehensive Exam, if the doctor believes that you will require additional treatment, we will prepare a complete written Treatment Plan and estimate.
4. We will file primary insurance as a courtesy and you will be responsible to file any secondary insurance. You will be required to pay any deductible and co-pay at time of service. You are responsible to know your insurance coverage maximum and benefits available to you. Our office will be happy to help you understand your plan if you bring in your plan booklet. You are responsible for any amount not covered by your insurance.
5. We accept the following for your convenience: Cash, Check, Master Card, Visa, CareCredit.
6. There is a 1 1/2% re-billing charge for all accounts over 30 days. **A \$35.00 FEE FOR RETURNED CHECK.**
7. Please give at least 24 hour notice if you are unable to keep your appointment. This appointment has been *reserved just for you.* Breaking your appointment without adequate notice prevents us from seeing patients with dental needs such as your own. We reserve the right to charge \$25.00 per half hour for the second broken appointment and \$25.00 per half hour for any no show appointment.. All appointments are confirmed upon agreement of accepting the scheduled time. If a patient has habitual broken appointments, we will refer you to another practice.
8. We reserve the right to seek outside collection assistance at the patients' expense. These services are expensive, and collection charges may increase your balance as much of 100%. By signing this agreement, the patient agrees to pay all attorney fees plus court costs on any unpaid amounts if this office is forced to pursue collection of patient account balance. All accounts over 90 days will be turned over to collections.
9. DEEMED CONSENT FOR BLOOD TESTING: Virginia State law states that when a healthcare worker is exposed to the body fluids of another person, the patient shall be deemed to have consented to testing and to the release of the results to the exposed person and the local health department.

I HAVE READ AND UNDERSTAND THE ABOVE OFFICE POLICIES OF DR. VISHAL SHAH

Print Name _____ Date _____

Signature _____