

Meir N, Keller, D.D.S.  
2489 Tapo Street  
Simi Valley, CA. 93063

## OFFICE POLICIES

**THANK** you for choosing us as your oral health and dental provider. We would like you to take a moment to review our office policies. Please feel free to ask our staff any questions that you may have regarding our policies.

**MISSED APPOINTMENTS:** An appointment to visit our office reserves the time exclusively for you. We understand that sometimes appointments need to be changed. Kindly notify our office at least 24 hours before your scheduled appointment if you have to make a change, so that we may offer that time slot to someone else. Failing to keep a reserved appointment will result in a charge of \$ 25.00 per half hour. No fees will be charged for rescheduling an appointment provided 24 hours or more notice is given.

**WE** respect your desire to make a responsible decision regarding your treatment and every effort will be made to discuss the benefits, alternative treatments, possible risks, and financial aspects of your treatment so that you may make an informed decision. Acceptance of the treatment implies that you understand and consent to all treatments and fees involved.

**AS** a courtesy, we will submit your dental insurance claim and accept assignment if the information we need from you is provided in a timely manner. Your treatment will never be compromised to satisfy the usual and customary fees that your insurance company may impose. It is important, however, for you to understand that insurance benefits generally do not cover the entire fee and that the difference will be your responsibility. Dental insurance does not absolve you of the financial responsibility for the treatment rendered. Our office staff will gladly be of assistance should you have any questions about your treatment or related costs.

**YOUR** financial obligation necessary to complete treatment is based upon an estimate derived from our examination and diagnostic films. Should additional unforeseen necessary procedures arise as treatment progresses, this estimate may have to be revised. You will be consulted before any unexpected treatment is undertaken.

**PAYMENTS** are due on the day that services are rendered. If you have dental benefits your estimated portion is expected. Cash, check or major credit cards are accepted by our office for your convenience. Financial arrangements, subject to credit approval, may be made before treatment is rendered. We offer an interest free payment plan through Unicorn Financial.

Should your balance remain unpaid after 60 days, your account will become delinquent. A late charge will accrue on the account balance at the rate of 1.5% per month (18% annually). You will receive a letter stating that in 30 days your account will be reported to TRW and collection proceedings may begin. A bookkeeping fee of \$ 50.00 will be charged to your account when TRW is notified. Any fees, including court and attorney fees, will be the responsibility of the guarantor. There is a \$ 25.00 handling and bookkeeping fee for any returned checks.

**FAILURE** to sign this agreement does not negate your financial obligation for any previous or future treatment.

We look forward to welcoming you and your family to our dental practice and we thank you for the confidence you have bestowed on us to treat your dental needs.

I understand and agree to abide by the above office policies:

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SIGNATURE

DATE

RELATIONSHIP TO PATIENT