

Jean-Claude Kharmouche, DMD, PC
Periodontics—Dental Implants

Financial Policy

Thank you for choosing our office for your dental care. We are committed to the success of your oral health.

Our Fees and Payment

Your co-payment and deductible are due at the time of service. To accommodate you we accept cash, check, Visa, MasterCard, Amex, Discover and CareCredit. For extensive treatment plans we offer flexible payment options however, arrangements must be set up prior to appointment.

All returned checks will be charged a fee of \$30.00.

Insurance Policy

On the day of your procedure your **full co-payment and deductible** are due. We will gladly submit the claims on your behalf; it is your responsibility to inform us of any changes to your insurance plan or benefits. We will try to assist you with your benefits, however knowing your benefits is your responsibility and all co-payments are an **estimate** of your benefits only. If your insurance does **not** cover, denies or does not make payment within 90 days the remaining balance is **your responsibility**.

Missed and Cancelled Appointments

Please consider your calendar carefully when scheduling an appointment. We require **48** hours notice to change or cancel your appointments. There may be a \$100 fee per hour for all missed, cancelled or changed appointments.

Collection Accounts

If your account is sent to collections you will be responsible for **any** and **all** costs involved with the collections process, which includes **all** court costs and attorney fees.

Your signature below indicates that you have read and agree to our financial policy. Thank you for being a valued patient.

Signature of Patient or Responsible Party

Date

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