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Insured Patient Release

This policy is provided to help eliminate any misunderstandings that can arise. Please initial each paragraph and then sign and date at the bottom.

_____ Dental insurance is designed to reduce your out of pocket costs; however, in most cases, it will not eliminate it completely. **You should be familiar with the benefits, maximums, limitations, exclusions and alternate benefits of your plan.** We are happy to answer any questions to the best of our ability. However, each insurance plan has options that are specific for that particular plan (ex. we may have 500 patients with Metlife dental insurance and all 500 may have different specifications) we cannot know every detail of every plan.

_____ You are ultimately responsible for your bill, subject to your insurance policy's coverage. Any insurance payment not received after 60 days of filing may become the responsibility of the patient.

_____ To keep overhead down we expect your deductible and co-payment the day of treatment. Our office is happy to inform you of your **anticipated** fees before treatment upon request. To make payments convenient for you, we accept cash, personal checks, all major credit cards, and we participate with Care Credit.

I HAVE READ THE ABOVE POLICY AND AGREE TO ACCEPT FINANCIAL RESPONSIBILITY FOR THE TREATMENT GIVEN BY THIS OFFICE. I AUTHORIZE RELEASE OF ANY INFORMATION NECESSARY TO PROCESS MY CLAIM AND ASSIGN INSURANCE BENEFITS.

PRINT NAME _____

SIGNATURE OF PATIENT _____ DATE _____
OR PARENT (If minor)