

RAMSEY FAMILY DENTAL
Robert E. Boff, D.M.D. & Banafsheh Goujani, D.M.D
50 North Central Avenue Ramsey, New Jersey 07446
(201) 327-3060 Fax: (201) 327-8020

Thank you for choosing Ramsey Family Dental. We are committed to providing the highest quality dental care and service. Our Primary goal is to not allow the cost of treatment to prevent you from benefiting from the quality care you need or desire. In our office we strive to maximize your insurance benefits and make any balance easily affordable. The following is a statement of our Financial Policy, which we require you to read and sign.

Patients without insurance:

The fee for the treatment rendered must be paid in full on the day of service. Due to the extensive amount of time our staff and doctors devote to preparing and reserving time for each patient specifically, any treatment scheduled over \$1000, we require a deposit of 50% to reserve the allotted time scheduled.

Patients with insurance:

The estimated patient co pay and deductible for the treatment rendered must be paid in full on the day of service. Please understand that these are "estimated" and there may be a balance left after insurance payments are applied to your account. If you insurance has not paid within 30 days of services rendered, you will need to make full payment to this office and reimbursed when or if your insurance company pays. After 30 days the patient is responsible to pursue payment from the insurance company. Your insurance policy is a contract between you and your insurance company.

Insurance Release:

You authorize Ramsey Family Dental to release necessary information requested by your insurance carrier and authorize payment directly to Ramsey Family Dental to Dr. Robert Boff and Dr. Banafsheh Goujani for any benefits available under your insurance plan.

For your convenience we accept:

Cash, Checks, Visa/Mastercard/Discover/Amex, Flexible Spending.

We also offer Low Monthly Payment Plans with no money down through **Care Credit***, with *up to* 24 months of no interest or 36, 48, 60 months lowered interest. (*subject to credit approval)

Minor Patients

Minors, under the age of 18, must be accompanied by a parent or legal guardian at their initial visit and at all subsequent appointments, if at all possible. Should a recommended treatment plan change and the minor is here alone, we need approval/consent from the parent or legal guardian before proceeding in writing, as well if the minor will not be accompanied for a visit. Any changes in the minor's medical history needs to be reported to the office prior to treatment also.

Returned Checks

There will be a \$35 service fee applied to an account for any checks that are returned for any reason.

Past Due Accounts:

A finance charge of 1.5% will be applied for all accounts overdue by 30 days. All accounts which are 90 days will be subject to our collections department.

Transferring Records and Copies of Records:

You may request a **copy** of your records and must sign an authorization of release in order for us to email, mail, or fax your records to you or another doctor's office. There will be a fee of \$25 that will need to be paid in full prior to records being sent.

Missed and Broken Appointments

We understand that at times it may be necessary to reschedule an appointment. If that need should arise, we request that you call the office at least 48 hours in advance of the appointment time. Appointments not cancelled with the 48 hours notice may be subject to Broken Appointment or No Show Fee of \$50 per hour appointment is scheduled. There is a fee of \$150 per hour for appointments cancelled or not shown for Specialists. This fee is not covered by any insurance and is your responsibility. Should a pattern of missed appointments occur, future appointments may be impacted.

This is an agreement between Dr. Boff, DMD and Dr. Goujani, DMD, as the creditor, and the Patient/Debtor named on this form. By executing this agreement, you consent to treatment by all providers in Ramsey Family Dental and agree to pay all services that are received. Once you have signed this agreement, you agree to all the terms and conditions contained herein and the agreement will be in effect as of today.

Print Patient Name

Patient/Guardian Signature

Date