

# FINANCIAL POLICY

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Dental Treatment is an excellent investment in your medical and psychological well being. Financial considerations should not be an obstacle to obtaining this important health service. Being sensitive to the fact that people have different needs in fulfilling their financial obligations, we are providing the following payment options:

## Pre-Payment Policy:

A \$100 deposit is required to hold any reserved time of two hours or more.

Payment Option I: Cash, Check or any major Credit Card

Payment Option II: Care Credit or Chase Health Advance

## Cancellation Policy:

I understand that Dr. Sidhu has reserved time in his schedule for my treatment. If I am unable to keep my appointment I will need to give a 48 hour notice. If I fail to do this, a fee of \$100 per hour will be charged to my account.

## Insurance Information:

I understand that due to insurance policy changes and/or necessary changes in treatment plans, the insurance coverage may vary from the estimated treatment calculation. I acknowledge that this is an estimate only and understand that I, not the insurance company, am ultimately responsible for payment in full for all services rendered.

I understand that all services are due to be paid in full within ninety (90) days of date of service, whether or not my insurance benefits have been received. Should my account exceed ninety days, a one (1) percent interest per month (12% per year), will be charged.

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Responsible Party

Date

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Financial Coordinator

Date