

Keivan Zoufan, D.D.S., M.D.S.
FINANCIAL POLICY

We are committed to providing our patients with the best dental care possible. Included in that commitment is an open dialogue of our fees and financial policies. This agreement provides a written statement of our policies and procedures. Please review the following information. If you have any questions, please discuss this information with the doctor or his representative.

1. Payments. Payment in full is due at the time of service. If you have dental insurance, your estimated co-payment is due at the time of services. For your convenience, we offer payment options in addition to cash and checks including credit card payments. We accept the following credit cards: Visa, Mastercard, Discover, American Express and bank debit cards.

2. Health Insurance. Your insurance policy is a contract between you and your insurance company. As health care providers, we are not a party to that agreement. We want to emphasize that our relationship is with you, not your dental benefit provider. There are no guarantees of health insurance benefits. **If your insurance does not cover all or part of the treatment provided, you will be responsible for payment of fees which are not reimbursed by insurance.** However, we are committed to helping our patients maximize their benefits and we will work with you to achieve the maximum benefits for your coverage. If you have dental insurance, we will complete and submit a claim form to your benefit provider as a courtesy to you. If you are covered by a plan that gives you a discounted fee schedule, the discounted fee will be charged to your account and recognized by the insurance carrier upon receipt of claim. If your insurance has a preferred provider list and we are not on that list, you may be responsible for additional costs.

3. Treatment Plan Estimate. Once we have assessed your dental condition, we will present you with a written treatment plan. The treatment plan includes a detailed estimate of each procedure's total fee, separated by the expected benefit portion and the patient's obligation. Please note that the dental benefits are subject to various limits as determined by your benefit provider. All co-payments are due at the time of service. The estimate of fees is guaranteed for sixty (60) days. After such time, the fees are subject to change.

4. Late Fees. Should your account exceed sixty (60) days, one and one-half percent (1.5%) interest per month (18% per year) will be charged. In the event your account exceeds ninety (90) days after all insurance claims have been paid, your account will be sent to a collection agency and/or small claims court and an additional \$85.00 will be charged for administrative fees. In the event of incurred costs for your default of payment, you agree to be responsible for all attorneys' fees and other court costs associated with enforcing this agreement.

5. Returned Checks. Patients writing checks that are returned for any reason are subject to a "return check charge" of \$35.00. In the event that a check is returned, we will require cash or a cashier's check as payment for the original balance in addition to the returned check charge.

6. Cancelled Appointments. As a courtesy to our patients, we will remind our patients of their appointments by telephone. Once an appointment has been made, this scheduled time has been reserved for you. We understand that circumstances arise that may prevent you from making your scheduled appointment. However, please note that should you fail to show for your appointment or fail to cancel your scheduled appointment within twenty four (24) hours of the scheduled appointment time, you may be subject to a charge of \$250.00.

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NOTICE OF PRIVACY PRACTICES

At this office, we always keep your health information secure and confidential. A new law requires us to continue maintaining your privacy, to give you this notice and to follow the terms of this notice. This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully.

- The law permits us to use or disclose your health information to those involved in your treatment, for example, a review of your file by a specialist doctor whom we may involve in your care.
- We may use or disclose your health information for payment of your services. For example, we may send a report of your progress to your insurance company.
- We may use or disclose your health information for our normal healthcare operations. For example, we may send a report of your progress to your insurance company.
- We may use your information to contact you either by phone or with a reminder card in the mail to remind you of an upcoming appointment. If you are not home, we may leave a message on voice mail or with a person who may answer the telephone.
- In an emergency, we may disclose your health information to a family member or another person responsible for your care.
- We may release some or all of your healthcare information when required by law.
- If this practice is sold, your information will become the property of the new owner.
- Except as described above, this practice will not use or disclose your health information without your prior written authorization.
- You may request in writing that we not use or disclose your health information as described above. We will let you know if we can fulfill your request.
- You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses.
- **In the event that you need your records and x-rays transferred to another practice, our office will mail them for you. We may also charge a reasonable fee for the copies.**
- You have the right to request an amendment or change to your health information. Provide us with your request in writing. If you wish to include a statement in your file, please provide it to us in writing. We may or may not make the change you request, but we will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove or alter earlier documents, but will add new information.
- You will receive a copy of this notice.
- If we change any of the details of this notice, we will notify you of this change in writing.
- You may file a complaint to the Department of Health and Human Services, 200 Independence Ave. SW Room 509F, Washington, DC, 20201. You will not be retaliated against for filing a complaint. However, before filing a complaint, or for more information or assistance regarding your health information privacy, please contact our Privacy Officer, Ali Oroomchian at (925) 999-8200.
- This notice is effective as of October 31, 2005.