

MAYER YASHAR, D.D.S.
PACIFIC FAMILY DENTAL CENTER
12800 BOTHELL-EVERETT HIGHWAY, SUITE 250
EVERETT, WA 98208
(425) 316-5410

To Our Patients:

We appreciate the trust you have placed in us to provide you with the very best dental care. Our goal is for you to clearly understand what treatment is necessary to get healthy and stay healthy. We have found that our patients appreciate knowing exactly what dental financial responsibilities they will incur. Therefore, we inform our patients about our financial policies before we begin treatment. Knowing this ahead of time allows us all to arrange for the completion of the necessary dental treatment.

We have several payment options available for your convenience. Our Financial Coordinator will work in partnership with you to provide you with the best plan.

1. **PATIENTS WITH INSURANCE:** Most insurance companies will not cover 100% of all dental expenses. Your portion, not covered by insurance, is due at the time treatment is performed.
2. **PATIENTS WITHOUT INSURANCE:** Payment for dental services is due at the time of treatment (or see #4 below).
3. **VISA AND MASTERCARD** are accepted.
4. **CARECREDIT:** For patients requiring extensive treatment, we offer CareCredit, an extended payment plan that offers low monthly payments for qualifying individuals. Please ask our front office staff for an application. The application process is quick and easy.

FOR OUR PATIENTS WITH DENTAL INSURANCE

Because we understand that dental insurance plays a role in helping many people defray some of the costs of dental care, we would like to share with you the following information about dental insurance.

We want you to know that our responsibility is to provide you with the treatment that best meets your needs, not to try to match your care to insurance plan limitations. Dental insurance plans do not correspond to individual patient needs, and as such, many routine and necessary dental services are not covered, although you may need those services.

Insurance companies have no obligation to notify us when they change their policies.

We request that you take an active role in knowing your insurance benefits because the contract is between you and your insurance provider. We will be happy to submit your insurance for you and will support your efforts for reimbursement for 60 days. We cannot, however, accept responsibility for negotiating disputed claims.

For treatment that requires dental laboratory services, a minimum down payment will be required at the initial appointment. A finance charge of 1% per month is applied on all account balances after 30 days. A \$25 service fee will be charged on all returned checks. Regardless of insurance coverage, you are responsible for payment of all dental fees for yourself and your dependents.

As always, our team is available to answer any questions you may have. We value the trust you have placed in us and look forward to serving you for many years to come.