

**JAY AKEF, DDS  
PERIODONTIST, DENTAL IMPLANTS**

**3737 MORAGA AVENUE B-408  
SAN DIEGO, CA 92117  
858-490-9086**

**9750 MIRAMAR ROAD #160  
SAN DIEGO, CA 92126  
858-527-0034**

## **FINANCIAL POLICY**

Patient Name \_\_\_\_\_

Payment is due in full at the time service is provided in our office.

**FOR PATIENTS WITH INSURANCE:** We will bill most insurance carriers for you if we are provided all the necessary information. Co-payments and deductibles are due at the time of service. We will also bill most secondary insurance companies for your reimbursement. Since your agreement with your insurance carrier is a private one, we do not routinely research why an insurance carrier has not paid or why is less than anticipated for care. If an insurance carrier has not paid within 60 days of billing, professional fees are due and payable in full from you.

**SURGERY FEES:** All co-payments, deductible and payment for non covered procedures are due at time of service. Prior authorization may be required by your insurance carrier.

**NONCOVERED SERVICES:** Any care not paid for by your existing insurance coverage, will require payment in full at the time services are provided or upon notice of insurance claim denial.

**MISSED APPOINTMENTS FOR SURGERY:** In fairness to other patients and the doctor, we require at least **ONE WEEK NOTICE** to cancel appointments. Otherwise, you will be charged \$250.00.

**MISSED APPOINTMENTS FOR HYGEINE:** In fairness to other patients and the doctor, we require at least **3 WORKING DAYS NOTICE** to cancel appointments. Otherwise, you will be charged \$75.00.

I have read, understand and agree to the above financial policy for payment of professional fees.

Signature \_\_\_\_\_ Date \_\_\_\_\_