Volki Felahy, DDS

www.sunsetoakdental.com

2161 Sunset Blvd.#300 • Rocklin, CA 95765 (916)435-5111

This agreement is to inform you of your financial obligation to our practice. We are committed to providing you with the highest quality dental care using only the best material and technology available in the market today. We are also committed to providing you with up-to-date information and education tools so that you may fully participate in maintaining optimum oral health. This financial agreement is intended to facilitate our ability to provide excellent service to you while minimizing our administrative costs

All charges you incur are your responsibility regardless of your insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, not your insurance company. Your insurance policy is a contract between you, your employer and the insurance company. Our office is not a party to that contract. If payment from your insurance company is not received within 60 days from date of service, you will be expected to pay the balance in full.

Your ESTIMATED co-payment for treatment, which is the amount not covered by your insurance, is due at the time service is provided. Your ESTIMATED co-payment may be adjusted after the time of service depending upon the final reconciliation of the insurance benefit payment. Our office accepts cash, personal checks, MasterCard and Visa. In addition, we offer outside financing available through Care Credit.

The co-payment is only an estimate of charges and may be found to be insufficient after review by your insurance company.

Our office does not guarantee that your insurance company will pay for treatment you receive from our practice. We perform routine insurance billing procedures upon verification of coverage. However, if your claim is denied, you will be responsible for paying the full amount at that time.

Please do not hesitate to ask if you have any questions regarding this financial agreement. We are committed to providing you the most positive experience in dental care.

I HAVE READ AND ACCEPT TERMS AND CONDITIONS OF THIS FINANCIAL AND ASSIGNMENT OF BENEFITS AGREEMENT. I AUTHORIZE MY INSURANCE COMPANY TO PAY MY DENTAL BENEFITS DIRECTLY TO THE DOCTOR.

All appointments cancelled less than two business days are subject to a $50 convenience fee.

SIGN AND DATE - Patient/Guardian

Both forms below may be downloaded on Dr. Felahy's website.

Here is the link to Dental Material Fact Sheet please copy and paste in your address bar

http://sunsetoakdental.com/forms/DentalMaterialsFactSheet.pdf

I have received a copy of the Dental Board of California's Dental Materials Fact Sheet. ○ Yes ○ No

Here is the Link to Our Notice Of Privacy Practice please copy and paste into your address bar

http://sunsetoakdental.com/forms/DentalMaterialsFactSheet.pdf

I have recieved a copy of Notice Of Privacy Practice ○ Yes ○ No

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Response Date: 8/1/2017