

**Westford Dentistry**  
**Dr. Narges Rashid, DMD & Dr. Joel Ross, DMD**  
**New Patient Financial Options**

Westford Dentistry, Dr. Narges Rashid, DMD would like to welcome you to the practice. We are committed to providing the best dental care for your particular needs. We will, however, only be able to accomplish this by spending the time necessary to diagnose and treat your dental needs. This treatment is very important to your health and should not be postponed by financial concerns.

Patients under the age of 18 must be accompanied by a parent. It is necessary for the parent to give permission for treatment and to sign off on the medical history of the patient. The parent who accompanies the child to the office is responsible for payment of the fee.

To enable you to proceed without delay, our office offers several financial options. We encourage you to select a financial arrangement which works best in your budget. For your convenience, we offer the following financial arrangements for treatment exceeding \$300.00. **Fees less than \$300.00 are to be paid at the time of service.**

1. A **5%** pre-payment courtesy will be given when paying in full by cash or check at least 3 days prior to the start of treatment.\*
2. A **3%** pre-payment courtesy will be given when paying in full by Credit Card at least 3 days prior to the start of treatment.\*
3. We accept most major credit cards. Mastercard, Visa, Discover, American Express.
4. Patients wishing their insurance benefit to be sent to our office will pay their co-payment and deductible at the time of service and complete a credit card authorization form to be used only if their benefit plan does not pay the remaining balance in full or make payment of any kind within 60 days of completed treatment.
5. The fee for a CEREC crown may be paid in two installments. 50% of the fee is payable when the appointment is scheduled and the remaining 50% is due at the appointment.
6. The fee for fixed or removable prosthetics may be paid in three installments. The first 34% is due at the initial visit, the second 33% is due at the try-in visit, and the remaining 33% is due at the delivery visit.
7. The fee for treatment over \$300.00 may be paid in interest free monthly installments through Care Credit plan, upon credit approval.

\*Options 1 & 2 are not available to patients who participate in our network of dental plans. These plans provide a higher write off and are not allowed dual discounts

**INSURANCE:**

I understand my insurance is a contract between the insurance carrier and me, not between Westford Dentistry and the insurance carrier. As such, I understand that I am responsible for the full amount of all fees incurred for treatment. If I have paid my fee in full to the dental office, any payments received by Westford Dentistry from my insurance carrier will be credited to my account or refunded to me.

**FINANCIAL RESPONSIBILITY:**

I/We agree and personally guarantee, in consideration of services and materials provided by Westford Dentistry to be responsible for payment in full of all fees incurred. In the event that this matter is turned over to an attorney for collection, I/We agree that I/We shall pay all costs incurred in the collection of this debt. The parent or guardian who brings their child for the appointments is responsible for payment, regardless of who holds the insurance and independent of what a divorce decree may state. Reimbursement must be made between the divorced parents, we will not intervene.

\_\_\_\_\_  
Patient's Name (please print)

\_\_\_\_\_  
Patient's or Parent's Signature

\_\_\_\_\_  
Date