

NADIM J. JUBRAN, D.D.S., P.C.

2020 Chilhowee Medical Park Maryville, TN 37804 (865) 982 7602

Financial Policy

We feel the best thing about our style of dentistry is our commitment to quality. If you've been with our practice a while, you already know our attention to detail and fine materials are second nature to us. But everyone's financial situation is different. And good dentistry won't count for much if it is beyond your means.

INSURANCE - Our Office will do everything possible to help you understand and make the most of your dental insurance benefits. As a courtesy, we will complete and submit dental insurance forms to your insurance company to achieve the maximum reimbursement to which you are entitled and will strive to make this happen as quickly as possible.

We can only estimate the amount your insurance company will pay toward each dental procedure and are not able to guarantee what your insurance company will pay. By signing this agreement, you are indicating that you understand and agree that you are solely responsible for all fees, including those not paid by your insurance company.

In some cases, your insurance company may have a maximum allowable charge for a procedure. This maximum allowable charge, as determined by the insurance company, does not determine the fee you are charged for dental services and may be less than our quoted fee.

Payment for dental services must be made when your treatment plan is accepted, or at the time treatment is provided, unless prior financial arrangements have been made.

RELEASE OF MEDICAL RECORDS – You hereby authorize Dr. Nadim Jubran to release copies of any and all information in your dental records to other dental providers or insurance carriers as a part of, or result of your treatment and/or to any other organization for the sole purpose of obtaining payment for dental services provided to or for you or your dependents.

You understand that this release will remain valid until revoked in writing by you.

FINANCIAL RESPONSIBILITY – By signing this agreement, you are indicating that you agree to the terms of this agreement, including being responsible for all legal fees, costs and a monthly interest rate of 1.5% (18% annual) in the event that you breach this agreement. This agreement will be considered breached by you if Dr. Nadim Jubran has not received payment in full within 30 days of your receipt of the final bill. In the event of breach of this agreement, all parties stipulate that Blount County will be the county of jurisdiction to hear any dispute arising hereto.

Returned checks are subject to a \$25.00 recovery fee.

If you have any questions regarding our financial policy, please do not hesitate to ask. We are committed to providing you with the most positive experience in dental care.

By signing below, you have read, or had read to you, all of the above and understand all parts of this document.

Patient/Guardian Signature: _____ Date: _____
Custodial parent or legal guardian must sign if patient is under the age of 18 or legally incapacitated