Thank you for choosing us!
Our payment options and policies make things easier.

MAS'OOD CAJEE, DDS, MPH NABEEL CAJEE, DDS, MICOI NA'EEL CAJEE, DMD, MTS YARA ABDELNABI, DMD



PATIENT NAME: DATE: MM/DD/YYYY PAYMENT OPTIONS PICK ONE: ☐ I have dental insurance (initials) \square I don't have dental insurance. (initials) IF YOU HAVE INSURANCE: • We will do our best to **estimate** your portion, if any. • We will help file your insurance claims for you. • Any amount **not** covered by your insurance will be your responsibility. (initials) **METHOD OF PAYMENT:** We collect payment **before** treatment for all of our dental procedures. How would vou like to handle payment? \square by **cash** or **check**. \square by **credit/debit card**. ☐ I am a **CareCredit** cardholder. ☐ I have a Flex Spending/Health Savings Account (FSA/HSA). \square I need a **payment plan**. (We offer payment plans through Sunbit and CareCredit) APPOINTMENT POLICY

We are committed to providing exceptional care. If you break your appointment and don't give enough notice, you're preventing another patient from being seen.

- Please call us at (209) 825-6000 by 2:00 p.m. on the day prior to your scheduled appointment to notify us of any changes.
- To reschedule a Monday appointment, please call our office by 2:00 p.m. on Friday.
- If prior notification is not given, you may be charged \$50 for the broken appointment.

RESPONSIBLE PARTY SIGNATURE:	RESPONSIBLE PARTY NAME (LAST, First)
DATE	