

Practice Limited to Endodontics
Dr. Elenaz Sarshar, D.D.S.
506 South Magnolia Avenue • El Cajon, CA 92020
Phone: (619) 579-0316 • Fax: (619) 579-0360
www.Endodonticseastcounty.com

PAYMENT POLICY **Please initial each line as you read along the policies**

under your policy. How your insurance compan weeks after submission event of duplicate payn provide an ESTIMAT authorization may be reached an authorization that within thirty (30) and authorization of a cancellation or authorization or authorization of	rice, we will be happy to help you receivever, please realize that the relationsly. If we do not receive payment from of claim, you will be expected to payment, your account will be reimbursed. E of how much your insurance migratured for certain procedures. The unique of \$25.00 will be added to your portion in full at time of service. The change should be made at least twent to the control of	hip is between you, the insured, and your insurance company within six for all dental services in full. In the Please understand that we can only ght pay towards treatment. A prevour account on any balance not paid benefits are reviewed with you, we nty-four (24) hours in advance. It is celled check fee will also be applied	
** I HAVE RE	EAD AND UNDERSTAND THE PA EAST COUNTY ENDODONT		
PATIENT'S NAME			
SIGNATURE	DAT	`E	
**ACKNOWLEDGE	EMENT OF RECEIPT OF NOTICI *You may refuse to sign this acknowledges		3
I HAVE READ AND PRACTICES.	UNDESTAND THIS OFFICE'S I	NOTICY OF PRIVACY	
Print name	Signature	Date	
**ACKNOWLEDG	EMENT OF RECEIPT OF DENTAL	MATERIALS FACT SHEET. **	
I HAVE READ AND SHEET.	UNDERSTAND THIS OFFICE'S	S DENTAL MATERIALS FACT	
Print Name	Signature	Date	