



Financial Policy

To maintain operations and prevent potential misunderstandings, we ask you to accept and adhere to the following financial policy for dental treatment for yourself or any family member:

PATIENTS WITH DENTAL INSURANCE:

We understand that dental insurance plays a role in helping defray some of the costs of dental care. However, we would like to share with you the following facts about dental insurance.

Dental insurance often will not pay for everything. It is meant only to assist in paying for your dental care. Dental insurance plans have no correlation to actual patients' needs. As such, many routine and necessary dental services are not covered, even though you may need those services. Our responsibility is to provide you with the best care and treatment to meet your needs, not to match your care to insurance plan limitations. Many plans pay much less than you might expect. The benefits your plan pays for are largely determined by how much your employer or you pay in premiums for the plan. We are happy to submit your claims and help you to receive the maximum benefits due to you, but please understand that **we do not accept responsibility for collecting an insurance claim, or negotiate disputed claims. You remain responsible for payment for unpaid services.**

OPTIONAL PAYMENT TERMS:

- **Discount for Cash (no insurance):** We also provide a 5% discount for restorative dental services when paid with cash or check, **orthodontic and cosmetic treatment excluded**
- **In-Office Complete Dental Plan:** The complete dental plan (VIP) includes two complimentary cleanings, all exams and x/rays within the plan year, and you will receive a **20%** discount for restorative dental services. (Please note that discount will differ if financing is utilized) **orthodontic and cosmetic treatment excluded**
- **Term Loan:** By arrangement with *Care Credit* and *Sunbit*, we offer our patients an interest-free term loan with no down payment, no annual fee, and no prepayment penalty (subject to approval). You can complete the provided "Payment Plan Credit Application" or you can visit www.CareCredit.com or www.sunbit.com to see which plan works best for you. You can find additional information at www.Mirelezdental.com.

APPOINTMENT FEE:

For each appointment, a specific amount of time and material is reserved especially for you. We strongly encourage our patients to keep their appointments. If you must change your appointment, we require a **48 business hour notice. Appoint fees depend on appointment type:**

- **Hygiene appointments: \$100 per hour.**
- **Dr. Appointments: \$200 per hour.**
- **Sedation appointments: \$1000.00. (Sedation appointments REQUIRE 5 day advance notice.)**

CONFIRMATION POLICY: We routinely confirm appointments via phone and or text. If we are unable to reach you, we may remove your appointment from the schedule and ask you to reschedule

COLLECTION POLICY:

Payments are expected at the time services are rendered. We accept cash, checks, debit cards, and all major credit cards. You will be responsible for a \$75.00 bookkeeping fee if your account is assigned to a third party for collection. Should suit be commenced to enforce any of the terms of this agreement, you shall pay all attorney's fees and costs. The Court of jurisdiction shall be Fresno County. You hereby grant the right to verify employment or run a credit report to assess your ability to fulfill your financial obligation to this agreement. If communication by phone is necessary, you grant permission to the office, or our assigns, to contact you by phone. If you are unavailable, and a recording device is operable, a message may be left providing a name and phone number.

Patient Name (Please Print) _____ Patient Signature _____

Date _____

Handwritten notes at the top of the left page, including the word "Society" and other illegible text.

Handwritten notes in the middle section of the left page, starting with "The Society of..."

Handwritten notes in the lower middle section of the left page, starting with "The Society of..."

Handwritten notes in the lower section of the left page, starting with "The Society of..."

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1. *Journal of the American Medical Association*, 1997; 277: 1039-1043.

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...and the fact that the *in vitro* results are in good agreement with the *in vivo* results.

Figure 1. The effect of the concentration of the *Agrobacterium* suspension on the transformation efficiency of *Agrobacterium* strains. The concentration of the *Agrobacterium* suspension was 10⁶ cells/ml (○), 10⁷ cells/ml (□), 10⁸ cells/ml (△), and 10⁹ cells/ml (◇). The error bars represent the standard deviation of three independent experiments.

[illegible][illegible]

the 1990s, the number of people in the world who are illiterate has increased from 1.2 billion to 1.5 billion. The number of illiterate people in the world is projected to increase to 1.7 billion by the year 2015. The number of illiterate people in the world is projected to increase to 1.7 billion by the year 2015. The number of illiterate people in the world is projected to increase to 1.7 billion by the year 2015.

1. *Pharmaceutical industry* – The pharmaceutical industry is the largest of the three industries, with sales of \$10.5 billion in 1997. It is the only industry that has a significant presence in all three markets.

Figure 1. The effect of the concentration of the H_2O_2 solution on the amount of the released H_2O from the H_2O_2 -loaded hydrogel. The amount of the released H_2O was measured by the weight difference of the hydrogel before and after the release. The concentration of the H_2O_2 solution was 0.1, 0.2, 0.3, 0.4, 0.5, 0.6, 0.7, 0.8, 0.9, and 1.0 wt. %.

Journal of Management Education 30(6)p.789-804

1. *Chlorophyll a* and *Chlorophyll b* were determined by the method of Arar and Collins (1971) using a Shimadzu 1010 spectrophotometer. The concentration of chlorophylls was expressed as $\mu\text{g mL}^{-1}$ of the sample.

...the fact that the *in vitro* and *in vivo* results are in good agreement, and that the *in vivo* results are in good agreement with the results obtained from the *in vitro* studies.

the 1990s, the number of people in the world who are illiterate has increased from 750 million to 850 million. The number of illiterate people in the world is projected to increase to 900 million by the year 2015. The number of illiterate people in the world is projected to increase to 950 million by the year 2020. The number of illiterate people in the world is projected to increase to 1 billion by the year 2025. The number of illiterate people in the world is projected to increase to 1.1 billion by the year 2030. The number of illiterate people in the world is projected to increase to 1.2 billion by the year 2035. The number of illiterate people in the world is projected to increase to 1.3 billion by the year 2040. The number of illiterate people in the world is projected to increase to 1.4 billion by the year 2045. The number of illiterate people in the world is projected to increase to 1.5 billion by the year 2050. The number of illiterate people in the world is projected to increase to 1.6 billion by the year 2055. The number of illiterate people in the world is projected to increase to 1.7 billion by the year 2060. The number of illiterate people in the world is projected to increase to 1.8 billion by the year 2065. The number of illiterate people in the world is projected to increase to 1.9 billion by the year 2070. The number of illiterate people in the world is projected to increase to 2 billion by the year 2075. The number of illiterate people in the world is projected to increase to 2.1 billion by the year 2080. The number of illiterate people in the world is projected to increase to 2.2 billion by the year 2085. The number of illiterate people in the world is projected to increase to 2.3 billion by the year 2090. The number of illiterate people in the world is projected to increase to 2.4 billion by the year 2095. The number of illiterate people in the world is projected to increase to 2.5 billion by the year 2100.

1. *Chlorophyll a* (Chl *a*) and *Chlorophyll b* (Chl *b*) were determined by the method of Arar and Collins (1987). The concentration of Chl *a* and Chl *b* was expressed as $\mu\text{g mL}^{-1}$ of the sample.

[illegible]

the 1990s, the number of people in the United States who are 65 years of age or older is projected to increase from 20 million to 30 million, and the number of people 75 years of age or older is projected to increase from 10 million to 15 million (U.S. Census Bureau, 1996). The number of people 85 years of age or older is projected to increase from 2 million to 4 million (U.S. Census Bureau, 1996). The number of people 90 years of age or older is projected to increase from 500,000 to 1 million (U.S. Census Bureau, 1996). The number of people 95 years of age or older is projected to increase from 100,000 to 200,000 (U.S. Census Bureau, 1996). The number of people 100 years of age or older is projected to increase from 10,000 to 20,000 (U.S. Census Bureau, 1996).

1. *Journal of the American Medical Association*, 2000; 283: 2686-2692.



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1. The first part of the report is a general introduction to the subject of the study.

2. The second part of the report is a detailed description of the methods used in the study.

3. The third part of the report is a discussion of the results of the study.

4. The fourth part of the report is a conclusion and a list of references.

5. The fifth part of the report is a list of references.

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11. The eleventh part of the report is a list of references.

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