

Armine Nazarian, DMD
300 S. Beverly Drive, Suite 303
Beverly Hills, CA 90212
Phone #: (310) 277-8215 / (310) 277-8232
Fax #: (310) 277-3364
www.beverlyhilldentist.com
beverlyhillsdmd@gmail.com

FINANCIAL POLICY AGREEMENT

RE: Insurance Coverage

For those patients who are covered by private insurance, we are pleased to extend the courtesy of billing your insurance company for you.

In order to provide this service for your, we must have complete insurance information and confirmation of your coverage. We ask that you fill out all forms which will give us the necessary information. It is our policy that anything not covered by insurance is to be paid for that time of service.

If your insurance company has not paid within 90 days of billing, the balance will become the responsibility of the patient. Please remember that insurance is an agreement between the insured and insurer. Therefore, if any problem arises with the carrier, we will ask that you handle it with the insurance company. Our office will provide your insurance company with any additional information which may become necessary for resolution.

I understand and agree to honor my financial commitment to the office of *Armine Nazarian, DMD.*

Signature of Patient or Parent/Guardian

Date