

**Dr. Ravi Oberoi, D.M.D.**  
**Cosmetic & Family Dentistry**  
**6900 Turkey Lake Suite I-9**  
**Orlando, Fl. 32819**  
**(407) 352-7700**

Financial and Privacy Policy

1. All payments are due at the time Dental services are started unless alternate arrangements are made prior to the treatment.
2. Insurance balances are ultimately the patient's obligation. We file (most) insurances at no cost to you as a courtesy. We are glad to offer this service. However, insurance balances that are not paid after 60 days may be billed directly to you. I understand that it is solely my responsibility to confirm which treatments or procedure are covered by my insurance including, but not limited, any applicable exclusions or deductible or annual or lifetime maximums.
3. I understand that the insurance estimate may differ from what my insurance carrier ultimately pays and that I am responsible for any amount not paid by my insurance.
4. Patient balances that go unpaid for 90 days or more may incur the following Additional charges: interest charges (1.5% per month or 18% APR), collection fee and /or legal fees.
5. Major services require a deposit of at least half the estimated patient portion at the time the appointment is made.
6. A fee of \$35.00 may be charged for appointment cancellation done in fewer than 24 hours notice or for no shows with any notification
7. A fee of \$30.00 will be assessed for returned checks.
8. All original x-rays become property of this office; duplicate copies for digital x-rays on a CD are available for \$25.00 which is to be pre-paid at the time of written request for duplication. Please allow 2 to 7 working days for this. There will be no fee for copy of x-rays on paper.
9. Discontinue treatment for a requested procedure including but no limited to, partials, Dentures, crowns, bridgework and surgical preparatory work, I remain responsible for paying all lab related costs for material and services that were incurred before I discontinued treatment. All related costs will be deducted from any refund to which I may be entitled.
10. Patient must inform timely Cosmetic and Family Dentistry in writing, of any changes to my address, phone number, work contact information , work status, insurance changes, and update any changes in medical history.