

**SOPHIA CHADDA, DDS  
PERIODONTICS & DENTAL IMPLANTS  
41 STONEHOUSE ROAD, BASKING RIDGE, NJ 07920  
(908)626-0333  
drsophiachadda.com**

**FINANCIAL POLICY**

This statement is to inform you of our financial policy. We are committed to providing you with the highest quality dental care using only the best material and technology available in the market today. We are also committed to providing you with up-to-date information and educational tools so that that you may fully participate in maintaining optimum oral health. Our financial policy is intended to facilitate excellent service to you while minimizing our administrative costs.

All charges you incur are your responsibility regardless of your insurance coverage. We must emphasize that as your dental care provider, our relationship is with you our patient, not with your insurance company. **Your insurance policy is a contract between you, your employer, and the insurance company. Our office is not a party to that contract. Not all periodontal services are a covered benefit in all contracts Some insurance companies arbitrarily omit certain procedures from coverage. If payment from your insurance company is not received within 60 days from date of service, you will be expected to pay the balance in full.**

As a courtesy to you we will help you process your insurance claims. You may direct your insurance company to pay benefits to our office by signing the authorization on the Assignment of Benefits Agreement. In order for our office to file your insurance claim, a completed dental insurance form or proof of insurance for your current carrier must be provided.

Payment for service not covered by your insurance carrier is due at the time service is provided. Our office accepts cash, personal checks, MasterCard, Visa, and American Express.

**Our charge for broken appointments and appointments cancelled with less than 72-hour notice is \$200.**

We require a 50% deposit for all surgical procedures, payable at the time the appointment is scheduled. If, upon receiving payment from your insurance company, we find that you are due a refund, we will issue a check in the amount of the overpayment.

Please be advised that all delinquent accounts may be turned over to a collection agency in order to recoup payment. If your account is turned over to our collection agency, we will add a 30% collection agency penalty payment to cover this service. (I have been advised by Sophia Chadda, D.D.S. that my account may be turned over to a collection agency if it becomes delinquent. Furthermore, I acknowledge that a 30% penalty payment will be assessed if my account is turned over for collections.)

If you have any questions regarding our financial policy, please ask. We are committed to providing you with the most positive experience in dental care.

\_\_\_\_\_  
Signature of Patient/Responsible Party

\_\_\_\_\_  
Date

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**PHOTO RELEASE / CONSENT**

I \_\_\_\_\_, hereby authorize Sophia Chadda DDS or any of her assignees to take photos and videos of my teeth, jaws and face. I understand that any photos or videos of my teeth, jaws and face will be used as a record of my care, communication with other healthcare professionals, for educational purposes including lectures, advertising purposes including website publication, Facebook and Instagram posts, etc.

I further understand that if the photos and or videos are used in any publication, etc, my identifying information will not be used. I do not expect compensation, financial or otherwise for the use of these photographs. If I wish to revoke this consent, I made do so in writing.

Print name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_