

Soft Touch Dental  
4551 Glencoe Ave #250  
(310)823-2343

**STATE OF RESPONSIBILITY FOR THE PRACTICE OF**

**AZITA RAYET, D.D.S.**

**PAYMENTS FOR SERVICES:**

All dental fees or patient portion (if insurance is involved) are due and payable at the time services are rendered. We do accept cash, personal checks, debit and credit cards. We do not carry any in house accounts. Please ask our financial coordinator if you have any questions.

**INSURANCE FILING:**

We will do everything we can to help you obtain reimbursement from your insurance carrier, however, the basic responsibility is yours. As a courtesy to you, we will send claims to your insurance company. However, we cannot accept the responsibility for negotiating claims with insurance companies or other parties.

**INSURANCE REDUCTION OR REJECTION**

Your insurance policy is a contract between you and your insurance company. It is important that you understand its provisions. We cannot guarantee payment of your claims. Reduction or rejection of your claim by your insurance company does not relieve the financial obligation you have incurred.

**RESCHEDULING APPOINTMENTS:**

Please notify us **ONE WEEK PRIOR** to your dental appointment if it is necessary for you to make a change in your scheduled appointment. This allows us time to contact other patients who are awaiting care. **IF OUR OFFICE DOES NOT RECEIVE A ONE WEEK NOTICE, YOUR ACCOUNT WILL BE ASSESSED A \$100 PER HOUR FEE.**

If you have any questions regarding our office policies, please feel free to ask our financial coordinator.

**I have read and understand the above statements.**

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Patient/Parent Signature

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Date