)	4603 Cass St, San Diego, CA 92109, United States.	PACIFIC Smile Krafters
•	+1 858-483-0202	
•	drparmarfamilydentist@gmail.com	

Financial Policy

Non-insured patients are expected to pay with cash, credit card or third party financing unless other specific arrangements are made in advance. Any appointments reserved for an hour or more will require a deposit due at time of scheduling the appointment and balance will be due the day of service is rendered.

Insured patients, as a courtesy to you, we will help you process all of your dental insurance claims. Please understand that we will provide an insurance estimate to you; however, it is not a guarantee that your insurance will pay. Insurance coverage is subject to limitations, exclusions, waiting periods, frequency, age restrictions, deductibles and maximums which are your responsibility. Please contact your insurance company for a detail of your benefits.

Our practice is committed to providing the best treatment	for our patients and we charge what is	
usual and customary for our area. You are responsible for payment regardless of any insurance com-		
pany's arbitrary determination of usual and customary rat	es. Insurance payments are ordinarily	
received within 30-60 days from the time of filing a claim. If	your insurance company has not made	
payment within 60 days, we will ask that you contact yo	our insurance company to make sure	
payment is expected. If after 90 days payment is not receiv	red or your claim is denied, you will be	
responsible for paying the full amount at that time	(patient initial)	
We will cooperate fully with the regulations and requests of your insurance company that may assist		
in the claim being paid. Our office will not, however, enter into a dispute with your insurance compa-		
ny over any claim.		
Sincerely,		
Dr. Avani R. Parmar and Dr. Nirmal M. Shah		
Patient name printed:		
Patient / Parent signature	Date	