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SOUTH CHARLESTON
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South Charleston, WV 25309
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CROSS LANES
5480 Big Tyler Road
Cross Lanes, WV 25313
(304) 776-4541
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ST. ALBANS
2035 Kanawha Terrace
St. Albans, WV 25177
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TEAYS VALLEY
102 Poplar Fork Road
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(304) 757-7441
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Dr. Sami Ghareeb Dr. Azita Misaghi Dr. Steven Ghareeb Dr. Mitri Ghareeb Dr. Matthew Scarberry Dr. Kayla Buchanan Dr. Joshua Massey Dr. Carson Henley Dr. Lon Spain

FINANCIAL AND DENTAL INSURANCE POLICY

PLEASE READ CAREFULLY

If you have dental insurance it is a contract between you, your employer and your insurance carrier. We are not a party in this contract.

- Not all services may be covered under any given contract. Insurance companies select which services they will and will not cover; covered services may vary among different plans of the same insurance company. Our office is NOT responsible for contract limitations.
As a courtesy to you, we will file your insurance claims on your behalf and assist you in maximizing your benefit. We realize that it is difficult to know exactly what your insurance company may pay towards procedures. We will do our best to estimate what the insurance company will pay based on the information they provide us. Estimates provided before treatment are not guaranteed.
Your estimated portion or co-pay for treatment must be paid at the time of service.
If you have secondary coverage we are willing to file that claim for you as well. However, we must have an EOB (Explanation of Benefits) and a check from the primary insurance before we can submit the secondary claim.
Nearly all insurance policies have a maximum annual pay-out. Our office is NOT responsible for what benefits remain. Check with your insurance carrier to determine what benefits remain on your policy for the current year.
If a service is not covered by your insurance, or there is a balance left on your account after your insurance has paid you will be ultimately responsible for payment and will receive a statement/bill from our office.
We accept cash, check, all major credit cards, and Care Credit.
Unpaid balances will be turned over to our collection agency after 90 days past the due date.
Your balance must be paid-in-full before any removable or non-removable lab work is cemented/delivered. This includes dentures, partials, crowns, inlays, onlays, veneers, bridges, whitening trays, etc. If your insurance payment is pending you may choose to pay and be reimbursed when we receive the insurance payment.

By signing below, I acknowledge that I have read, understand and agree to honor the policies outlined above.

Patient Print _____ Signature _____ Date _____

If patient is a minor, Parent/Guardian Print _____ Signature _____