

OASIS DENTAL ARTS
RAMIN GOSHTASBI, D.D.S.
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San Diego, CA 92131
(858)271-1010

Welcome to our practice. We are grateful for the confidence you have bestowed in us by choosing us to be your dental health care provider. Communication is the key to success in any relationship. We would like to communicate some things that are important to all of us.

FAMILY PRACTICE- It is our goal to be a full service family practice and meet the needs of every patient. Our goal is to help you keep your teeth and gums healthy for life. We strive to provide you and your family with quality dental care in a comfortable and relaxing atmosphere. We welcome patients of all ages and welcome your family and friends.

PRACTICE HOURS- We are open Monday through Friday from 8am to 5pm. Should you develop a true emergency outside those hours, please call our office for Dr. Goshtasbi's cell phone number.

EMERGENCY PATIENTS- We make every effort to seat every patient upon arrival. However, emergencies do occur and we ask for your understanding and thank you for your patience.

FINANCIAL ARRANGEMENTS- Payment is due at the time the services are rendered. We accept most major credit cards, ATM/Debit cards, cash and checks. If you are eligible, you can finance your treatment through CareCredit. **Patients are 100% responsible for all charges incurred.**

INSURANCE COVERAGES- We are contracted with numerous dental insurance companies. Dental insurance is designed to help with the cost of dental care by covering a portion or percentage of the bill. The benefits that you receive are based on an agreement between your employer and your dental insurance company, not your dental office. Keep in mind that the dental insurance company may not cover the dental services you may need or want. To provide you with best dental care, we diagnose your treatment based on your dental needs. It will not be dictated by what your insurance company covers and their limitations. As a courtesy to our patients, we will charge you an estimated co-pay for the service and submit an insurance claim. We will attempt to collect on your behalf but because often times there may be a discrepancy in what the insurance company will cover, you may still have a balance. **It is your responsibility to pay for that balance.** We will help you understand and make the most of your dental insurance benefits.

CANCELLATIONS OF APPOINTMENTS- **If you need to cancel or reschedule your appointment, we kindly ask you to give us a 48 hour notice so we have time to schedule another patient in need of our care. Otherwise, a charge of \$50 may be applied to your account.**

By signing below, you state that you have read and agree to the above policies.

SIGN _____ DATE _____