

AGREEMENT FOR UNDERSTANDING OF TREATMENT COSTS AND PAYMENT RESPONSIBILITIES

This Agreement ("Agreement") is entered into between Simpladent Clinics, located at Radisson Blue, Kaushambi, Delhi NCR, India , herein referred to as the "Clinic," and the patient, herein referred to as the "Patient," who is seeking dental treatment at the Clinic.

1. Treatment Cost Estimate

1.1. The Clinic has provided the Patient with an estimate of the total cost of the dental treatment, which includes all applicable fees, such as professional fees, laboratory fees, materials, and any other associated costs.

1.2. The Patient acknowledges and agrees that this estimate is based on the initial assessment and treatment plan and may be subject to change if additional procedures or services become necessary.

2. Payment Responsibilities

2.1. The Patient agrees to be responsible for the full payment of all dental treatment costs incurred during their visit to the Clinic.

2.2. Payment can be made through the methods as agreed by both the parties as accepted payment methods, e.g., credit card, cash, wire transfer, bank transfer .

2.3. Payment for dental treatment will be due as follows: 10% advance and 90% at arrival before starting the treatment.

3. Additional Costs

3.1. The Patient understands that additional costs may arise during the course of dental treatment if unforeseen circumstances or complications occur, or if the treatment plan needs to be modified.

3.2. The Clinic will make every effort to inform the Patient of any additional costs as soon as they are identified and will seek the Patient's consent before proceeding with any extra procedures.

4. Insurance and Reimbursement

4.1. The Patient acknowledges that it is their responsibility to explore any potential insurance coverage or reimbursement for dental treatment costs through their own insurance provider.

4.2. The Clinic may provide necessary documentation and receipts to assist the Patient in seeking reimbursement from their insurance company.

5. Refunds and Cancellations

5.1. The Clinic's refund policy will be as follows: No refunds after treatment has commenced, refund of advance will be acknowledged if appointment is canceled with prior notice after deducting the expense if incurred by clinic on the patient.

6. Non-Payment

6.1. Failure to make timely payments as agreed upon in this Agreement may result in a delay or suspension of dental treatment until payment is received.

6.2. The Patient is responsible for any additional costs or penalties incurred due to late or non-payment.

7. Governing Law

7.1. This Agreement shall be governed by and construed in accordance with the laws of Republic of India.

8. Entire Agreement

8.1. This Agreement constitutes the entire understanding between the Clinic and the Patient concerning the financial aspects of dental treatment and supersedes all prior agreements and understandings, whether written or oral.

9. Acknowledgment and Acceptance

By clicking yes, the Patient acknowledges that they have read and understood the terms and conditions of this Agreement and agree to their payment responsibilities for dental treatment at Simpladent Clinics.

