ELEVATE
dental wellness

FINANCIAL AND CANCELLATION POLICY

We are committed to providing you with the best possible care, and are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Feel free to ask about our fees, Financial Policy, or your responsibility.

We accept cash, personal checks, major credit cards including Visa, MasterCard, Discover, American Express as well as approved payment plans through Care Credit and Lending Club. Payment in full is due at time of service.

IF YOU HAVE DENTAL INSURANCE

Dental insurance is a contract between you and your insurance company. It is your responsibility to understand the extent and limits of your coverage, and to provide our staff with accurate information to process your claim efficiently (i.e. group number, member number, etc.). It is not our place to enter into disputes between you and your insurance company regarding deductibles, copayments, etc. other than to provide factual information. ***We are considered out-of-network with all insurance companies and plans***; however, as a courtesy, we do electronically file your claim for you, with reimbursement to be made directly from your insurance company to you. Certain conditions may apply to your financial arrangements that may require your authorization for release and assignment of benefits. Your signature below authorizes us to offer this when it applies to your situation. As we do not participate with your insurance, 100% of the total cost is requested at the time of treatment. If you are unable to pay 100%, affordable payment options are available. Our staff will help you process whatever paperwork is required. However, the ultimate responsibility lies with you for payment of any and all monies due. **We strongly encourage you to know the limitations and exclusions of your dental plan**. We are happy to secure pre-treatment estimates for any major dental work you require.

YOU ARE RESPONSIBLE FOR THE TIMELY PAYMENT OF YOUR ACCOUNT

RELEASE AND ASSIGNMENT OF BENEFITS

I hereby authorize this office to release to your benefit program or its representative any information including the diagnosis and the records of any treatment or examination rendered to me. I authorize, if applicable, payment to be sent to this office.

I AGREE TO BE FINANCIALLY RESPONSIBLE FOR SERVICES RENDERED

Cancellation Policy

We've reserved your appointment time especially for you, and we require 24-hours advanced notice if you are unable to keep your scheduled appointment. If you provide less than 24-hours notice your account will reflect a $50 late cancellation fee. If you need to cancel an appointment, please do so by calling during normal office hours, ***do not*** leave a message on the practice voicemail, please call back during normal business hours and speak with someone directly.

Treatment of Minor Children

The parent who accompanies a minor for treatment is responsible for any payments for services rendered at the time of the appointment, regardless of who is the primary insurance policy holder. New patient minor children will not be seen without a parent or guardian present. Minor children who are established patients will not be seen or treated without a parent without prior written consent

THIS FORM WILL BE SIGNED IN THE DENTAL OFFICE