

Elite Family Dental
7835 S Rainbow Blvd, Suite 28
Las Vegas NV 89139
Telephone: (702) 898-8448

INSURANCE BILLING INFORMATION:

As a courtesy to our patients, we can verify and file your insurance claims. We can not however, guarantee payments. We suggest that you read your policy manual pertaining to your dental coverage. Many insurance companies have stipulations, such as usual and customary fees, deductibles, co-payments, etc. This information will be listed in your policy manual. You are responsible for all amounts covered or not covered by your insurance company. Please be aware of this and plan to make payments as services are rendered. In the event of denial from your insurance company, this account will become your responsibility.

Initial: _____

PAYMENT POLICY:

I understand that I am financially responsible for charges not paid by my insurance. I understand that reasonable billing charges may be applied in order to collect any unpaid charges.

Initial: _____

CANCELLATION POLICY:

I understand that ultimately I am responsible for keeping my appointments. If I am not able to make the appointment I must give at least 24 hours notice or I understand I will be charged \$50.

Patient/Responsible Signature

Date