

**Greater Las Vegas Dental
Financial Agreement**

Thank you, for choosing us for your dental care. In order to provide better service for our patients and minimize costs, financial arrangements will be made in advance of treatment. Payment of services is due when services are rendered. We will try to give you the most accurate estimate possible, from the information given to us from your insurance company. We can no longer wait until insurance has paid before sending the patient a statement. We accept cash, checks and major credit cards.

As a courtesy to our patients with dental insurance, we will be happy to file the claim for you, but you are ultimately responsible for all costs of treatment incurred. Please understand your insurance is a contract between you, your employer and your insurance company. We are not a party to the contract. Not all of our services are covered benefits by some insurance companies. Patients with dental insurance must provide us with current dental information such as the name of the dental insurance company to verify coverage and check your co-pay and deductible amounts. You will be responsible for any co-pays or deductible amounts each visit. If your insurance does not pay in full within 30 days, we ask that you contact your insurance company. If your insurance company does not pay in 60 days, we require you pay the balance in full.

All accounts past due will be assessed finance charge of 1.75% monthly, annual percentage of 21% after 90 days. Patients not responding to statements and/or contracts of overdue accounts will be sent to collections.

There will be a \$25.00 fee assessed for all missed appointments unless our office is notified 48 hours in advance of the scheduled appointment time. When the appointment is made, it is the patient's responsibility to keep the appointment. If we do not reach you from the confirmation call, it does not dismiss your responsibility from keeping the appointment. That call is merely a courtesy we provide to our patients.

I understand that I am ultimately responsible to pay for all services rendered and in the case of default the cost of attorney's dues, court costs and the cost of collection proceedings. Returned checks are subject to returned check fee and any bank charges which are incurred by us.

I _____, understand that GREATER LAS VEGAS DENTAL will provide me with an estimation of dental treatment recommended by Dr. Evangeline Chen. I understand that limitations and exclusions may exist in my dental plan that have not been disclosed to Greater Las Vegas Dental by my dental carrier. I understand that I am responsible for any unpaid balance in full.

Signature of patient, parent or guardian

Date