



ELITE SMILES DENTAL  
*Excellence with a Smile*

## FINANCIAL POLICY

Thank you for choosing Elite Smiles Dental as your dental care provider. Our office is committed to providing you with the highest quality dental care. Please understand that payment of your bill is considered as part of your treatment. The following is a statement of our Financial Policy which we require you read and sign prior to any treatment. We do provide many payment options to accommodate our patient's needs. ***Please discuss your options with our staff to find the solution that is best for you.***

### Payment Options

Please circle the payment option that you choose:

I have Dental Insurance

1. I would like to pay my estimated portion by cash or check at the time of service
2. I would like to pay my estimated portion by credit card at the time of service
3. I would like to apply for an extended payment plan so that I may take up to three years to pay

I do not have Dental Insurance

1. I would like to pay by cash or check at the time of service
2. I would like to pay by credit card at the time of service
3. I would like to apply for an extended payment plan so that I may take up to three years to pay

### Insurance

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event we do accept assignment of benefits or your insurance company has not paid your account in full within 60 days, the balance will be transferred to your account. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and customary under the terms of your insurance policy. Our practice is committed to providing the highest quality dental treatment for our patients and we charge what is the usual and customary for our area. ***You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.***

Your complete insurance information must be presented at the time services are provided. Insurance claims cannot be backdated. Most benefits will be verified before your insurance company can be billed.

As a courtesy to all patients we will verify your dental insurance benefits, ***but you are responsible to know your plan coverage, exclusions and limitations.*** Furthermore, you should be aware of non-covered benefits including but not limited to missing tooth, crown/bridge/denture restorations, bruxism, downgraded limitations for fillings and porcelain on crowns for molar teeth, frequency limits for exams, prophylaxis, floured and x-rays. The estimated amount not covered by your insurance is due at the time of treatment and may be paid by cash, personal check or credit card. We also offer extended payment plans upon qualification. ***All estimates are subject to final approval by your dental insurance plan, therefore the amount due is subject to change after final review by your insurance company.***

\_\_\_\_\_ Initial

**INITIAL PAYMENT FOR DENTAL TREATMENT:** Most plans cover routine clinical exams and cleaning without requiring a deductible for diagnostic or preventative treatment; however some plans do require a copayment for x-rays and dental exams. Deductibles (payment due by the patient) are customarily charged for some procedures including but not limited to fillings, crowns, extraction, root canal therapy and periodontal treatment. Co-payments and deductibles are due prior to any service being performed.

- Lab Fees are an additional cost for procedures requiring specific materials or advanced techniques (veneers, all-porcelain crowns, porcelain margins, etc.) You will be advised on any additional lab costs prior to the start of treatment.
- Scaling and Root Planning (Deep Cleaning Treatment) – a \$50.00 pre-payment is required at the time of scheduling the appointment.

\_\_\_\_\_ Initial

**RESIN-BASED COMPOSITE RESTORATIONS (Fillings):** Most dental insurance plans do not allow full benefits for composites (white fillings) performed on posterior teeth (back molars). The plan benefit will customarily pay for less expensive treatment called an Amalgam (silver/mercury based). In an effort to provide our patients the highest level of modern dental care, we do not Amalgams, rather only composite fillings. The difference is usually \$50-75 per filling and the patient is responsible for the difference in cost.

**PULP-CAP TREATMENT (medication to protect the pulp chamber):** Most dental plans do not allow additional benefits for pulp-cap treatment (the procedure in which the filling is very deep and the nearly exposed pulp is covered with a protective medication to help with healing and repair via formation of secondary dentin). At ESD we do this treatment when medically indicated because we only want to provide the highest level of dental care for our patients. The cost of this treatment is \$20-53 per tooth depending on the extent of treatment. If your insurance does not cover the charges or does not allow a separate charge, you will be responsible for payment for this service.

**FINANCE CHARGES:** All returned checks are subject to a \$35 fee. All balance over 60 days are subject to interest in the amount of 1.5% per month. We reserve the right to apply a \$25 rebilling fee and a \$25 late charge, for any overdue payments. We have the option to report your overdue balance to any credit reporting agency or credit bureau.

**PAST DUE AMOUNTS:** Any accounts over 90 days past due will be turned over to a collection agency or attorney, you agree to pay all fees including but not limited to attorney fees, court costs and collection agency fees.

**MISSED APPOINTMENT FEE:** Elite Smiles Dental does charge a missed appointment fee of \$50 per half hour of appointment time for all appointments not given at least one business day (24hrs) advance notice. Please call us immediately once you realize that you cannot keep your appointment.

**TRANSFERRING RECORDS:** You must request in writing if you would like ESD to transfer any or all of your dental records. We require at least one business day to complete the transfer as requested. We required at least three (3) business day if your record is more than two years old and stored in the company archive. The cost of duplicated/printed x-rays is \$15.00 for a single PA x-ray, \$25.00 for bite-wings, \$35.00 for full mouth x-rays or Panoramic x-rays. Copying and printing fees are \$25.00 per record in addition to the x-ray fees if applicable. The fee is waived if we are referring you to a specialist.

*Thank you for understanding our Financial Policy.*

I HAVE READ AND UNDERSTAND THE FINANCIAL POLICY. ALL OF MY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION. I AGREE TO ABIDE BY THIS FINANCIAL POLICY.

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_