

PATIENT LAST NAME: _____ PATIENT FIRST NAME: _____

FINANCIAL POLICY

➤ Overview of Financial Policy

- THE PATIENT / RESONSIBLE PARTY IS **ULTIMATELY RESPONSIBLE FOR FULL PAYMENT** OF SERVICES RENDERED, REGARDLESS OF INSURANCE COVERAGE PROVIDED.
- Ellzey Dental is committed to providing you with the best possible dental care and we are happy to discuss professional fees with you at any time.
- If you have questions, we are happy to answer those prior to treatment to minimize any confusion and ensure you fully understand your financial responsibility.

➤ Insurance:

- Ellzey Dental provides insurance billing as a courtesy to our patients. Please remember that your insurance policy is a contract between you and your insurance company. Ellzey Dental is not part of that contract. **Insurance benefits quoted by our office are ESTIMATES only.**
- Your insurance carrier does not guarantee coverage or payment of services. And most dental insurance plans have annual dollar limits and time period provisions. If your insurance carrier denies any or all of the claims submitted on your behalf, **IT IS THE RESPONSIBILITY OF THE PATIENT / RESPONSIBLE PARTY TO PAY ANY UNPAID OR NON-COVERED SERVICES.**
- Also, if the insurance company pays you directly rather than Ellzey Dental or if your insurance carrier routinely does not accept assignment of benefits directly to the provider, you are responsible for the total account balance and payment is expected at the time of service.
- **For United HC and DentaQuest, a request for pre-determination from the carrier may be required for some procedures and therefore, we will be unable to schedule that procedure until we have received authorization.**

➤ Missed appointments / No-shows:

- Unless an appointment is cancelled at least 24 hours in advance, a fee of \$40.00 will be charged. Please help us service you better by keeping scheduled appointments.

➤ NSF:

- All checks returned for non-sufficient funds (NSF) will be subject to a \$30.00 fee.
- All patients must complete the Patient Information Form before dental services are rendered.
- We accept Cash, Visa, Master Card, Discover, American Express, Check and Care Credit.

➤ Minors:

- Minors must be accompanied by parent or guardian.
- The adult accompanying a minor is responsible for full payment at time of service.

AUTHORIZATION and ASSIGNMENT OF BENEFITS; FINANCIAL RESPONSIBILITY

I authorize the release of any information necessary to obtain reimbursement from my insurance plan. I request that payment of authorized benefits be made on my behalf and I assign the benefits to Paul D. Ellzey, DDS.

I fully understand and agree to the Financial Policy outlined above and Assignment of Benefits statement above.

Person Financially Responsible / Guardian Name (Print): _____

Person Financially Responsible / Guardian (Signature): _____ Date: _____

Reviewed by (EllzeyDental): _____ Date: _____