

# Financial Information Form

Stop  
SMILE  
Breathe  
LIFE  
IS BEAUTIFUL

\*\*\*Please read carefully\*\*\*

Welcome and thank you for choosing Innovative Dentistry for your dental care. Dental treatment is an excellent investment in an individual's health and wellbeing. Our practice is centered on your health rather than an insurance driven practice. Our treatment is recommended on your individual needs and not insurance benefits. At all times you can be confident that we will always recommend and provide you with our best services without regard to the limitations imposed by your insurance. We hope that providing you with our policies in advance we can prevent misunderstanding and frustration. Should you have any questions, please feel free to ask.

7260 S. Cimarron Rd.  
Suite 150  
Las Vegas, NV 89113  
Phone: 702.407.9990  
Fax: 702.407.9991  
Innovativedentistry101@gmail.com

- **Payment is due at time of service**
- **If you have dental insurance:** As a courtesy to you we will process your insurance claim the day of your treatment and provide the necessary dental X-rays, photographs, charting and written diagnostic report to expedite the process. **It is your responsibility to know your insurance plan, provide this office with your correct and accurate insurance information and previous restorative dental history, as it applies to your benefit coverage.**  
**If a service is not covered by your insurance company, you are responsible to pay the fee for that service.**  
Your **estimated** portion or co-pay for treatment must be paid on the day of service.
- Should you receive a bill from our office due to unpaid treatment by your insurance company, you are expected to pay in full within 30 days from the date of the statement. Unpaid balances will be turned over to collections agency after 90 days if you fail to pay or make payment arrangements with the office. You will also be responsible for any collection fee incurred by the collection agency and this office attempting to collect.
- **We accept cash, check and all major credit cards.** Or we will assist you with additional financial arrangements with our third party financing company.
- Returned checks will be charged a \$35.00 return check fee. "Hot Checks" will be turned over to Clark County DA's office for prosecution.
- **A fee of \$ 50.00 per hour of your appointment,** will be billed for any appointment you fail to keep without given 24 hour notice. It is your responsibility to keep track of your appointment, however as a courtesy we will make every attempt to remind you of your appointment date and time. PLEASE NOTE- if you arrive late for an appointment, we will do our best to accommodate you. Due to time, we may have to reschedule for another day.
- Returning patients with a delinquent balance on file, we will be happy to appointment you for your treatment. To reserve an appointment, a deposit will be required or balance paid in full with credit card or cash.

We are committed to providing you with the best possible dental care and are pleased to discuss any and all of our professional dental fees at any time. Your clear understanding of our Financial Information Form is very important to our professional dental relationship. If you have any questions or concerns, please ask one of our office staff.

**By signing below, I acknowledge and agree to honor the policies outlined above. I understand and agree that (regardless of my insurance status) I am responsible for the cost of my treatment.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_