



ELITE DENTAL

Marina Dukler, DDS

Elite Dental P.C. takes pride in providing "The Ultimate Patient Experience". Our Patients receive the upmost respect and consideration. It is important that your account is up to date and current. We are committed to keeping the cost of care affordable. The fees quoted are **estimated only** based on the information provided by you and the insurance company.

The **insurance company does not guarantee payment**. The guarantor is the account holder and is fully responsible for the patient's account. Our office has financial responsibility agreement as follows:

- I understand and agree that I am ultimately responsible for all payments in full for all dental services rendered, and/or the difference between the insurance contracted dental fees, which includes copayments and deductibles.
- All payments are due in full at the time of completion of rendered dental treatment. **Unless**, a prior financial arrangement has been made, approved in writing and signed by Elite Dental P.C. and the patient.
- For your convenience, we accept payments in the form of: **Cash, Check, Visa/MasterCard, and Care Credit** (financial institution for private loans).
- I understand that all fees quoted for the projected treatment plans will be valid for **3 months** from the date of the treatment presentation and acceptance.

Appointments:

I agree that a minimum charge of \$50.00 will be applied into a patient's account for failure to show for a scheduled appointment or any cancellations of an appointment 24 hours prior. This appointment time has been especially reserved for you. We respect your time and ask that you respect our busy schedule.

X-Ray:

By the American Dental Association (ADA), a periodic schedule outlines generally recommends for a radiographic assessments, counseling, and prevention activities. Periodic re-evaluations should be repeated in 6 month intervals or as indicated by individual patient's needs or risks for disease. In the patient's best interest, ADA recommends periodic X-rays to make a proper diagnosis of a dental condition. In order to avoid negligent dental care and provide proper dental treatment, the doctor must have recent X-rays (within 6 months) in possession prior to beginning of treatment. Patient dental care is our priority and we strive to help everyone achieve and maintain the excellent dental care they deserve!

I hereby certify that I have read and understood the above statements, that I have been presented with written treatment plan and fee estimation, and give my full consent to the treatment in the office of **Elite Dental**.

Thank you for your cooperation in this matter! We look forward to a long and healthy relationship with all of our patients.

Signed: _____

Print Name: _____ Date: _____

(Elite Dental P.C. reserves all legal rights to submit all unpaid services, that are over **90 days** past due to the Collection Agency.)