



Patient Responsibility and Financial Policy Agreement

The goal of Elite Dental of Natick is to provide exceptional customer service and quality dental care with both a professional and compassionate touch. We want to make certain that our financial policies are clear and understood by you. If you have insurance, we will make a good faith estimate of your benefits. We will file the appropriate claim forms with your insurance company. We will also assist you in understanding your dental plan benefits. By signing this form, you understand your responsibility may alter depending on whether a third party (insurance) pays for all, part or none of the charges. Although we will make every effort to help you obtain your benefits, we cannot guarantee payment from your insurance. If the balance on your account is not paid within 90 days of your statement, the account may be closed and the balance may be forwarded to a third party collection agency. If this becomes necessary additional fees may be added to cover handling charges. **All payments are due at the time treatment is rendered.**

Further, for procedures that may require multiple appointments (including but not limited to crowns, implant restorations, dentures, orthodontics, and night guards), I understand I will be responsible for the entire procedure when treatment begins.

Non-Covered Services Financial Consent

The goal of Elite Dental of Natick is to provide exceptional customer service and quality dental care with both a professional and compassionate touch. We want to make certain that our financial policies are clear and understood by you.

Your insurance company may not provide benefits for all services that are being recommended to you. This does **NOT** mean that you do not require these services. While your insurance makes its best effort to provide services to its plan members based on the plan you are covered under, it may not cover all services that may be necessary for a patient to achieve optimal health. Further, your insurance company is not required or authorized to diagnose treatment – that is the doctor's responsibility.

In situations where your Insurance Company will not cover a service that is mutually agreed upon between the doctor and the patient, the patient will assume financial responsibility for services rendered. The financial policy agreement signed within the new patient paperwork will apply.

All payments are due at the time treatment is rendered.

Cancellation Policy

We understand life can get in the way and we want to be accommodating to our dental families. We are sympathetic, compassionate, and caring. We do our best to accommodate each patient and their situation, however, our time is reserved for each patient and their specific oral needs and we may charge cancellation fees for excessive cancellations (including late cancels and failed appointments). In order to put us in the best position to provide each patient a high quality care experience, **we require reschedule or cancellation requests to occur with more than 2 business days' notice. We may charge a cancellation fee of \$80 for late cancellations or failed appointments, however will accommodate our dental families where possible.** Individuals that have multiple late or failed cancellations may lose their right to reschedule ahead of time and may be added to a short call list for same day openings instead.