

**Medicaid:**

You must have a valid, full benefit Medicaid card for the current month along with a picture ID. You are responsible for payment of procedures not covered by Medicaid. This office does not accept pending Medicaid status or the HMO plan with Ameri Group or Smart Choice HPN.

**Secondary Insurers:**

Having more than one insurances DOES NOT necessarily mean that your services are covered 100%. Insurances do a coordination of benefits, and secondary insurers will pay as a supplement of what your primary carrier pays. We may bill your secondary carrier as a courtesy. You are responsible for any balance after your insurance(s) has paid.

**Dental Implants/Cosmetic Procedures:**

Extended appointments are provided and components must be ordered for these types of procedures. Only rarely is insurance coverage available to cover these fees. In order to secure your surgery date/time, all fees are due and payable one week prior to your scheduled procedure(s).

**Bone Grafting, Biopsies and Removal of lesions**

Frequently, these procedures are not covered by insurance plans. For this reason, we require payment for these procedures at the time of service. As a courtesy, we will bill your insurance company and attempt to obtain coverage. If any payment is made by your insurance company for these procedures, we will reimburse you the corresponding amount.

**CT Scans:**

CT scans may not be a covered benefit with your insurance, so we do ask for the fee at the time of service. We will bill your insurance as a courtesy to you. If your insurance pays, it will then be reimbursed to you. If we are a provider with your insurance and your insurance allows CT scans, you will get the provider fee.

**Usual and Customary Rates:**

Our practice is committed to providing the best treatment for our patients. You are responsible for payment regardless of the insurance company's arbitrary determination of usual and customary rates.

**Divorce Decrees:**

This office is NOT a party to any divorce decrees. Adult patients are responsible for their bill at the time of service. The responsibility for minors rests with the accompanying adult.

**Unplanned Procedures:**

Surgery is not an exact science. As such, procedures not initially contemplated may be necessary during your surgery or at a later date. This may include a post-operative x-ray which may be necessary following your procedure. Further charges may apply.

**Minor Patients:**

The adult accompanying a minor and the parents (or guardians) of the minor are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan.

**Refunds:**

In the event that your account is overpaid after we receive payment from your insurance, refunds will be made at the middle and at the end of the month and mailed in the name of the patient.

**Collections:**

Please be advised that this office cooperates with the Clark County District Attorney's Office to prevent bad check losses. Unless satisfactory arrangements are made with our Financial Department, delinquent accounts are sent to a collection agency. Please be aware that being referred to this type of agency may adversely affect your credit rating.

**I have read and understand each section in this financial policy. By signing this form, I agree to all the procedures and policies described.**

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-responsible Party

\_\_\_\_\_  
Date