PARKVIEW DENTAL

Parkview Dental • 4895 S Higley Rd STE 101 • Gilbert AZ 85298 • 480-818-9016 • info@parkviewdentalAZ.com

ACCOUNT RESPONSIBILITY

Payment is due at time of service rendered.

Insurance:
We file all insurance for you as a courtesy. If your insurance company fails to cover all benefits, for any reason, you are responsible for the remaining balance. You will always be provided with an estimate for the full service fee and our estimation of your insurance benefits before treatment is started. We do our best to provide an accurate estimate regarding the fees for service, however, that is just an estimate and not a final quote.

ASSIGNMENT OF BENEFITS

I certify that I, and/or my dependent(s), have insurance coverage with _____[Name of insurance company(ies)] **and assign directly to Dr. Brandon L. Schmidt all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for ALL charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions. The above-named doctor may use my health care information and may disclose such information to the above-named insurance company(ies) and their agents for the purpose of obtaining payment on my behalf for services and for determining insurance benefits or the benefits payable for related services.**

Broken Appointments:
Fees for missed appointments or appointments canceled or rescheduled without ***2 business days notice***
will be assigned as follows.

Exam and Cleaning appointments: $50.00
Restoration procedures/Whitening appointments: 50% of scheduled fee

IF YOU ARE MORE THAN 10 MINUTES LATE TO YOUR APPOINTMENT, YOU MAY BE ASKED TO RESCHEDULE

Signature acknowledges receipt and understanding of financial agreement. I consent to the diagnostic procedures and treatment by the dentist necessary for proper dental care.

Signature of Patient, Parent, Guardian, or Personal Representative DATE

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Please print name of Patient, Parent, Guardian, or Personal Representative

Relationship to Patient