

A.Q. Denture & Implant Service

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www.aqdentureservice.com

FINANCIAL POLICY

Before starting any dental procedure, we will provide an estimate and/or treatment plan detailing any dental work you require and the cost involved.

A dental charge will be incurred on the date of service.

An itemized bill will be provided for your amount.

You are responsible for making the full payment of all charges.

Our fees are based on the procedure performed, as well as the cost of the material necessary to provide our services.

You and the dentist should discuss the treatment that you select and the cost before the dental work is started.

Any fees quoted over the phone, are based on the limited information that you provided our staff and, are only an estimate.

Fees are determined, based on a comprehensive oral evaluation and x-ray examination, by the dentist.

Signature: _____

Date: _____

INSURANCE POLICY

AQ Denture and Dental Implant Service will accept dental insurance for payment of authorized services. We REQUIRE a preauthorization prior to any dental treatment.

However, we are *not* a provider with all insurance companies.

We will, as a courtesy to our patients, fill out insurance forms and submit them to the insurance company for prior authorization and claim processing.

AQ Denture and Dental Implant Service accepts no liability for a patient's failure to get pre-authorization for treatment and to fulfill all other requirements for insurance payments.

I have read and understand the AQ Denture and Dental Implant Service insurance policy.

Signature: _____

PAYMENT POLICY

I understand that I will have to pay half of the total at impression visit and the balance is due at the delivery for all:

- Dentures, partials, crowns, bridges, mouth/night guards and any applicable services

*With every new denture we provide free adjustments up to 6 months after delivery.
Thereafter a fee will be charged per adjustment.*

Signature: _____

I have had the opportunity to read and review the **Notice of Privacy Practices**.

Signature: _____