



ALL IN ONE
DENTAL
IMPLANTS & AESTHETICS

Date_____

I, _____ understand I am responsible for payment on the day of service.
Any payment arrangements will need to be made prior to the visit with the billing department.
_____ Initials

Acknowledgement of Insurance Information

All In One Dental is not contracted with any insurance company or plans. I am aware that the staff of All In One Dental will submit all insurance claims to my dental insurance company. I understand that I am responsible for all services that I will have done. I also understand that I am responsible for any or all unpaid services not covered by my dental insurance; I understand that my estimated portion is due at the time of service. I may receive a bill if insurance does not pay what was estimated, and I will receive a refund if insurance over pays. _____ Initials.
I am responsible for the remaining balance if insurance does not pay on my claims for my dental services after 90 days. _____ Initials

24 Hours Cancellation Policy

I am aware of a \$45.00 charge for cancelling my appointment without a 24 hours notice (this fee is not covered by insurance). _____ Initials

I am aware of a billable charge of \$45.00 per missed appointment (this fee is not covered by Insurance). _____ Initials

Warranty Work

I understand that to maintain the pro-rated warranty on work done by All In One Dental, I am required to continue as a patient at All In One Dental and complete cleanings twice per year (denture patients once a year) a yearly exam with x rays, good oral home care that includes brushing and flossing daily. The pro-rated warranty is voided if the device or procedure is modified and or altered by myself or any other provider. If there are concerns with your appliance or procedure in order for the pro-warranty to remain in effect you must come in and have the concern evaluated, allowing us the opportunity to repair, remake or refund cost at our discretion. _____ Initials

Fillings :2 Yrs. **Crowns** :5 Yrs. **Dentures** : Economy 1 Yr. / Premium 5 Yrs. **Implants** 10Yrs