

Gubler Dental

Treating you like family. A tradition since 1970.

Chad N. Gubler, D.D.S.
Sean T. Gubler, D.D.S.

Financial Agreement

Member:
ADA, NDA, SNDS
LDS Academy of Dentists

Associates:
University of Nevada,
Las Vegas
Dental Faculty Practice

FRIENDLY, GENTLE
AND HIGH-QUALITY
CARE . . .

- Cosmetic Video Imaging and Intraoral Camera
- Drill-free Dentistry
- DIAGNOdent®
- Porcelain Veneers, Bonding and tooth colored fillings
- Crowns & Bridges
- Teeth Whitening
- Extractions: Surgical and Impacted
- Root Canal Therapy

. . . FROM OUR
FAMILY TO YOURS.
WELCOME.

FOR YOUR
CONVENIENCE:

- Early morning, afternoon and evening appointments
- Major credit cards welcome
- Insurance accepted and filed
- Payment plans available
- On-time scheduling
- Handicapped-accessible

CALL TODAY
FOR YOUR
APPOINTMENT!
(702) 558-9977

Thank you for choosing Gubler Dental for your dental care. In order to provide you with better service and minimize costs, any financial arrangements will be made in advance of treatment. Payment for any treatment will be due when services are rendered. We will give you the most accurate estimate possible from the information given to us by your insurance company. We can no longer wait until insurance has paid before sending you a statement. For your convenience we accept cash, checks and major credit cards.

As a courtesy to our patients with dental insurance, we will be happy to file insurance claims for you. However, you are ultimately responsible for all costs of treatment incurred. Please understand your insurance is a contract between you and your employer and the insurance company. We are not a party to the contract. Not all of our services are covered benefits by some insurance companies. If you have dental insurance, you must provide us with current dental information such as the name of the dental insurance company, telephone number, address, group number, and proof of your coverage with an insurance card/identification card. Prior to your first visit, we will try to contact your insurance company to verify coverage and check your co-pay and deductible amounts. You will be responsible for any co-pays or deductible amounts at each visit. If your insurance does not pay in full within 60 days, you will be required to pay the balance in full.

If there are payments being made on your account by arrangement, then consecutive monthly payments must be received. There will be a \$30.00 late charge and accrued finance charges on accounts that are delinquent by more than 30 days.

Accounts over 60 days past due will be assessed a finance charge of 2.08% monthly; annual percentage of 25%. After 90 days, patients not responding to statements and/or contacts of overdue accounts will be sent to a collection agency.

There will be a \$100.00 an hour fee assessed for all missed appointments with the dentist, and a \$50.00 an hour fee assessed for all appointments missed with the hygienist unless our office is notified 48 hours in advance of the scheduled appointment time. When the appointment is made, it is your responsibility to keep the appointment. If we are unable to reach you to confirm the time reserved for you, it does not dismiss your responsibility for keeping the appointment. Confirming your appointment is merely a courtesy we provide to our patients.

I understand that I am ultimately responsible for all services rendered. In the case of default, I am responsible for the cost of attorney's fees, court costs, the cost of collection proceedings and I waive the right to have any amounts owed discharged in bankruptcy. Returned checks are subject to a returned check fee and any bank charges which are incurred by us.

I have read the above conditions of treatment and payment and agree to its content.

Signature of patient or guardian

Date