



K. George Elassal, DDS., Inc.
Orthodontist / T.M.J.

11317 S. Western
Suite 100-A
Oklahoma City, OK 73170
405-692-2722

Insurance and Financial Policy

At Elassal Orthodontics we believe that you deserve the best care. That is why we always present you with the best Orthodontic/TMJ solution possible to treat your personal situation. Each year we provide outstanding care to hundreds of patients. Some have Orthodontic/TMJ benefits and some do not. If you have Orthodontic/TMJ benefits, congratulations! You are very fortunate. Here are some important things you should know.

Initial

____ Your dental benefits are based on a contract made between your employer and an insurance company. If you have questions regarding your benefits please contact your employer or insurance company directly.

____ We currently accept all private care insurance plans (plans that do not require you to select a dentist from a list or require our office to accept a reduced fee for service). This means that we work with literally thousands of companies. Although we maintain computerized histories of benefits for different group plans, they do change. We strive to do our best to get a quote of your benefits prior to your appointment, but this is **ONLY AN ESTIMATE**. If you would like to know your insurance benefits; we will be happy to file a "pre-treatment authorization" with your insurance company prior to treatment. Keep in mind this is not a guarantee of coverage. This does delay getting treatment started but will give you the exact out of pocket figures you may require.

____ We will bill your insurance company as a courtesy. If the insurance does not pay within 60 days, Elassal Orthodontics reserves the right to transfer the insurance portion to the responsible parties portion on the financial contract, and let you collect the insurance funds that are due to you. This is rare but it is important that you recognize that the insurance you have is a legal contract between YOU and your insurance company. Our office is not, and cannot be part of that contract. Ultimately, you are responsible for all charges incurred in our office.

____ Elassal Orthodontics does require a signed contract for services prior to your start of treatment. We accept several different types of payment such as cash, check, Visa, MasterCard, and Discover.

____ A specific amount of time is reserved especially for you and we strongly encourage all patients to keep their appointments, If you must change your appointment please do so 24 hours prior to your appointment time.

I agree with the above conditions.

Print Name _____ Date _____

Patient/Parent Signature: _____