



Dr. Will Ellingson, DMD

1030 E. 11400 S. Suite2

Sandy, Utah 84094

801-255-2100

Financial Policy

Thank you for selecting us as your dental health care provider. The following information describes our Financial Policy.

Our primary goal is that you receive the optimal treatments needed to restore and maintain your dental health. Therefore, if you have any questions or concerns about our financial policies, please do not hesitate to ask.

Payment is due at the time services are rendered. This includes non-covered fees and co-pays, unless payment arrangements have been approved **PRIOR** to the day of your appointment.

- We accept cash, checks, MasterCard, Visa, Discover, American Express, and Care Credit, and Mountain America Credit Union Financing.
- **There is a 3% processing fee for all credit card charges.**
- A bill becomes delinquent after 60 days of no activity.
- A \$25 fee will be charged on all returned checks.
- Patients who do not cancel their scheduled **Hygiene** appointments 2 business days prior to the scheduled time, will be charged a fee of \$50 per hour.
- Patients who do not cancel their scheduled **Treatment** appointments 2 business days prior to the scheduled time, will be charged a fee of \$100 per hour.

Note: Insurance is not a guarantee of coverage. As a courtesy to our patients we will submit claims to the insurance company provided.

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING

1. I agree that I am responsible for this debt regardless of my insurance and that I will pay any unpaid balance in full within 60 days of the date of service. I also agree to pay 18.5% interest pre annum on the unpaid balance.
2. Granite View Dental will send electronic statements via text and/or email. By signing below you are consenting to receive these electronic communications.

Responsible Party Name (please print): _____

Signature: _____ **Date:** _____

Relationship to Patient: Self Father Mother Guardian

I give Dr. Will Ellingson permission to treat my minor child in my absence.

Signature of Parent/Guardian: _____ **Date:** _____

Witness: _____ **Date:** _____