



Timothy Wilson, D.D.S
(Services are provided by a general dentist)
7250 S. Durango Dr.
Las Vegas, Nevada 89113

INSURANCE BILLING INFORMATION

As a courtesy to our patients, we can verify and file your insurance claims. We cannot however, guarantee payments. We suggest that you read your policy manual pertaining to your dental coverage. Many insurance companies have stipulations such as usual and customary fees, deductibles, co-payments, etc. This information will be listed in your policy manual. You are responsible for all amounts covered or not covered by your insurance company for payment. Please be aware of this and plan to make payments as services are rendered. This will prevent any payment confusions. In the event of denial of payment from your insurance company, this account will become your responsibility.

Patient/Parent/Legal Guardian Initials _____

PAYMENT POLICY

I understand that am financially responsible for charges not paid by my insurance. I understand that reasonable billing charges may be applied in order to collect any unpaid charges.

Patient/Parent/Legal Guardian Initials _____

CANCELLATION POLICY

I understand that ultimately I am responsible for keeping my appointments. If I am not able to make it to the appointment I must give at least a 24 hour notice or I will be charged \$35.00.

Signature of Patient/Parent/Legal Guardian

Date