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## ***FINANCIAL POLICY***

We are committed to providing you with exceptional state of the art dentistry, based on your individual needs and always meeting *A Reason to Smile's* standard of care which ensures excellence. To assist you in receiving this care, we offer the following payment options below:

### **Payment of Services**

- Payment at time of service  
*Cash, Check, Visa, MasterCard, American Express, & Discover all accepted*
- Payment Plans are available upon approved credit.

### **Dental Insurance**

We are contracted with the following dental insurance companies: Aetna PPO, Blue Cross of Idaho (Traditional, True Blue, PPO, ), Cigna PPO, Delta Dental (Premier& PPO) Guardian DentalGuard PPO, MetLife PDP, and Regence BlueShield of Idaho. (*Insurance contracts may be subject to change*). Payment of your co-insurance is due at the time of services. Insurance coverage is an **estimate only**. Regardless of insurance coverage you, the patient, are responsible for all fees.

We are happy to file the forms necessary to see that your insurance pays their portion to our office, however, if the outstanding insurance amount due is not received within 30 days, you will be responsible for the balance due.

### **Missed Appointment Fee**

Your appointment time is reserved for you and your dental needs. A \$75 missed appointment fee will be charged for missed appointments that are not cancelled prior to 24 hours before your scheduled appointment. If you are more than 15 minutes late you may need to reschedule your appointment and a missed appointment fee may be assessed.

### **Patient Agreement**

I acknowledge that the fee(s) for my dental treatment is my responsibility, and I will assist *A Reason to Smile* in receiving payment from my insurance in a timely fashion. If my account should become delinquent, it may be subject to additional collection charges and fees.

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Patient Name/Guardian (**PLEASE PRINT**)

X  
Signature of Patient/Guardian

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Date