

Financial Policy

We are committed to providing you with exceptional dentistry based on your individual needs and always meeting our standard of care which ensures excellence. Payment is always due at time of service. Payment plans are available through outside financing upon approved credit.

Dental Insurance. We are a contracted provider with most major dental insurance companies. Patient co-insurance is due at the time of service(s). Insurance coverage is an **estimate only**, and patients are responsible for all services not paid for by the insurance company.

We are happy to file the forms necessary to see that your dental insurance pays their portion to our office. If the outstanding insurance amount due is not received within 30 days, you will be responsible for the balance due. A service charge of 1.5% per month (18% per annum) will be applied to accounts over 60 days past due. Accounts over 120 days past due may be assessed a 30% collection fee and sent to an outside collection agency.

Missed Appointment Fee. We reserve the right to charge for cancelled or missed appointments without at least 24 hours notice. Missed appointment fees are billed at \$75 for every hour of scheduled appointment time. 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. I will assist *A Reason to Smile* in receiving payment from my insurance in a timely fashion (if applicable). If my account should become delinquent, a collection fee of 30% will be added to any unpaid balance.

Patient Name: _____

Signature: _____

(Patient, legal guardian or authorized agent of patient)

Date: _____