



DESIGNER SMILES

FINANCIAL POLICY

This statement is to inform you of our financial policy. We are committed to providing you with the highest quality dental care using only the best material and technology available in the market today. We are also committed to providing you with up-to-date information and educational tools so that you may fully participate in maintaining optimum oral health. Our financial policy is intended to facilitate excellent service to you while minimizing our administrative costs.

All charges you incur are your responsibility regardless of your insurance benefits. We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between you, your employer, and the insurance company. Our office is not a party to that contract. If payment from your insurance company is not received within 45 days from date of service, you will be expected to pay the balance in full. Although we do our best to provide best estimates for you for expected payment and in a timely manner, it is not our responsibility to know your coverage limitations.

As a courtesy to you we will help you process all your insurance claims. You may direct your insurance company to pay your benefits directly to our office by signing the authorization on the Assignment of Benefits Agreement. In order for our office to file your insurance claim, you must provide proof of insurance at each appointment.

To keep our quality of care high and transparent, you agree by signing this form that certain codes will not be billed to your insurance company. This includes but not limited to adjunctive services, such as take home products and premium lab fees. In an effort to keep our fees low, you will be disclosed those fees in advance and agree to pay as part of your financial agreement.

Payment is due at the time service is provided. Our office accepts cash, personal checks, MasterCard, Visa, American Express, and Discover. Outside financing is available upon request and approval through Sunbit or CareCredit.

Returned checks and balances older than 45 days may be subject to collection fees and finance charges at the rate of 1.5% per month (18% annually). For these aging accounts, an administration fee will also be applied in the amount of \$20 per month to recoup the costs of statement processing, letters and postage, and other supplies. We kindly ask to pay promptly. We are able to use a secure text to pay function for ease of processing.

Our office may charge you for broken appointments and appointments cancelled without 24-hour advance notice in the amount of the cost of your scheduled appointment or \$100. This fee is solely at the discretion of the owner. Prepayments of appointments may be required to reschedule missed appointments. You may be asked to keep a credit card on file. In the event of a balance that is older than 45 days you authorize us to run this balance.

If you have any questions regarding our financial policy, please ask. We are committed to providing you with the most positive experience in dental care.

Print Name

Signature

Date