

Our General Office Policies

Smiles "R" Forever, Rev 02/11

Thank you for choosing us as your health care provider. We are committed to your treatment being successful and providing you with the best possible care. We know that quality dental care depends on understanding and cooperation. The following is a statement of our general office policies we require you please read, agree to and sign prior to any treatment being rendered.

Our Financial Options

- Payment of your bill is considered part of your treatment and is expected at time of service.
- We accept cash and local checks only.
(All returned unpaid checks would be subject to a \$35.00 charge.)
- We accept Visa/Master Card, Discover, American Express & Other financing Options.
(We cannot accept a third party method of payment without pre-authorization.)
- We do offer an **Extended Payment Program** with prior credit approval.
- To help keep the costs of health care down for our senior patients, a **5%** courtesy discount will be extended to them on all dental services received.

Regarding Dental Benefit Plans

- Our office participates with most dental benefit programs where the patient can choose their own dentist.
- You must have a permanent local address for our office to accept assignment for your dental benefits.
- We cannot bill your dental benefit carrier unless we have all your benefit information.
- We do require all co-payment charges, including deductibles, to be paid at time of service
- We will gladly submit to your primary insurance company for the balance of your dental treatment
- Your insurance policy is a contract between you and your insurance company. We are not a party to that contract.
- Please be aware some and perhaps all of the services provided may be "non-covered" services.
- The balance on your account will be your responsibility whether your insurance pays or not.

Regarding Delinquent Accounts

Unless pre-authorized payment arrangements are made with our business office, accounts with outstanding balances over 60 days could be turned over to an agency for collection and subject to an additional **\$50.00** collection fee, interest charges and a negative credit rating.

Regarding Treatment of Minors

The adult parent (or guardian) accompanying a minor is responsible for full payment. Non-emergency treatment will be denied to unaccompanied minors unless charges have been pre-authorized with an approved form of payment.

Regarding Missed Appointments

Reserved appointment time is valuable and limited in any dental office. It allows us the opportunity to deliver uninterrupted quality care to each one of our patients. It is important that all patients honor their reserved appointment time with the doctor or hygienist. Failure to do so deprives other patients from receiving needed dental care in a timely fashion. Our office policy stipulates that we **must** have sufficient notice; no less than **48 hours** advance notification, of inability to keep a reserved appointment. Unless we receive sufficient notification of a cancellation, our policy is to charge for missed appointments at the rate of **\$35.00**. We may also require an advance non-refundable deposit to reserve future appointments.

Thank you for understanding our general office policies and choosing us to be your dental care provider. Please feel free to ask any questions or concerns you may have.

I have had the opportunity to read this form, ask questions and agree to all terms of these office policies.

SIGNATURE OF RESPONSIBLE PATIENT OR GUARDIAN _____

DATE _____