

FINANCIAL POLICY

Our philosophy is to make our patients lives healthier and more comfortable by providing *High Quality, Compassionate Dental Care.*

Smile Shapers Dental is committed to providing you with the best possible dental care. To do this, it is important that we do not allow your dental benefits to be a determining factor in the diagnosis. Your treatment will be based upon your dental needs. We assume that you are as concerned as we are about maintaining your excellent health.

Due to many changes in insurance policies, it is no longer an easy task to interpret each patient's individual policy. Although we try to stay aware of these changes, it is not always possible. Therefore, please be aware that it is the patient's responsibility to know your coverage. Failure to comply with this suggestion could result in you, the patient, being responsible for all costs.

As a courtesy to our patients, we will bill your insurance carrier for any services rendered. However, we do require that any uncovered services, deductibles or co-payments be paid in full at each appointment. Co-payments are estimated based on the information we have obtained from your insurance carrier. We do not guarantee any estimates and should your plan pay or state less than expected, you are fully responsible. We take no responsibility for any denials by dental plans.

In addition, to avoid any confusion or misunderstandings, the following simply states our financial policy regarding payment for professional services.

- Payment is due, in full, as treatment is rendered. Cash, check, Visa, MasterCard, American Express, or Discover card is accepted.
- Payment plans are available through Care Credit. Interest free and extended terms are available. Ask our office staff for more information or an application.
- Balances over 30 days are subject to a 1.5% interest rate (minimum of \$5.00) per month.
- Parent/Guardian that brings a minor in for professional services must accept all financial responsibility.
- There is a service charge on all returned checks.
- After 90 days we reserve the right to send a patient balance to collections and additional administrative fees will be applied (35% of the balance).

I have read and fully understand the financial policy outlined above. In addition, I understand that my failure to comply with this policy may result in my account being turned over for collections.

Signature of Patient, Parent/Guardian

Date