

SMILE DENTAL CARE FINANCIAL POLICY

***** PREFERRED TO BE CONTACTED BY:**

Phone Call Text E-Mail Post card (Circle One)

***** We have a 48 HOUR CANCELLATION POLICY with a \$50 fee attached for every 1 hour appointment that is reserved but then not kept. For those appointments either with the Doctor or Hygienist that is more than 1 hour long and cancelled or no showed without the 48 Hour Notice, a \$100 fee will be attached. This is just a courtesy to give the office adequate time to fill the time that we had RESERVED specifically just for you.**

***** For those Appointments REQUIRING more than 1 hour time (ex: Crown 1 1/2 hr/RCT) a \$100 DEPOSIT will be required to reserve the appointment and will be taken off the total balance for the Treatment required.**

***** To our patients who are requesting that this office carries a balance on their account, to be paid by an insurance company. I (patient) understand and agree that I (patient) am responsible for the payment of all treatment fees on my account. If my insurance company fails to pay within 90 days, I (patient) will be responsible for the full amount. I (patient) understand and agree that the amount estimated to remain unpaid by the insurance is to be paid by me (patient) during treatment. I (patient) understand that it may not be possible to make a totally accurate estimate of my benefits. I (patient) understand that after the insurance company pays, there could be a balance still remaining to be paid by me (patient). I (patient) understand and agree that if upon payments by the insurance company, there is a remaining balance it is to be paid by me (patient) at that time.**

SIGNATURE OF RESPONSIBLE

DATE