



## Insurance and Financial Policy

Thank you for choosing Smith Dental for your dental needs. We realize that every person's financial situation is different. For this reason, we have worked hard to provide a variety of payment options to help you receive the dental care you need.

- **Payment for services is required at the time service is provided.** Accepted forms of payment include Cash, Checks, Visa, MasterCard, American Express, Discover and Care Credit. If a procedure requires multiple appointments, payment may be divided over the number of appointments required to complete that treatment.
- **Insurance patients:** Your dental benefits are based upon a contract made between your employer and an insurance company. If you have any questions regarding your dental benefits please contact your employer or insurance company directly. Dental benefit plans will never pay for completion of your dental care. It is only meant to assist you.

We currently accept most insurance plans. This means that we work with **literally hundreds of companies**. Although we maintain computerized histories of payment by a given company, **they do change**; therefore it is **NOT possible** to give you a guaranteed quote at the time of service. We estimate your portion based on the most up-to-date information we have, but it is **ONLY AN ESTIMATE**.

- We bill your insurance company as a courtesy to you. If your insurance does not pay within 60 days, **Smith Dental** reserves the right to request payment from you, in full, for services provided and let you collect the insurance funds that are due to you. This is rare but it is important that you recognize that the insurance you have is a legal contract between **YOU** and **your insurance company**. Our office is not, and cannot be a part of that legal contract. **Ultimately, you are responsible for all charges incurred in our office.**
- **Patients without insurance:** Payment is required **in full at the time of service**. We understand that without dental insurance it can be difficult especially if there are extensive dental needs. Please consult with our treatment coordinator for payment options including 3<sup>rd</sup> party financing options such as Care Credit.
- **Minor Patients:** The adult accompanying a minor and the parents (or guardians) are responsible for **full payment**, regardless of court child support order. For unaccompanied minors, non-emergency treatment will not be done unless prior approval and financial arrangements have been made.
- **Emergency Visits:** In the event of an **emergency** after regular business hours a \$55 emergency fee will be charged for established patients in addition to the necessary treatment fees. Patients who are not established in the practice will be charged \$125 for an after hours emergency fee.
- **Financial Arrangements:** I acknowledge that I am financially responsible for all charges. If it becomes necessary to effect collections of my account owed on this or subsequent visits, I agree to pay for all costs and expenses, including reasonable attorney fees. Any returned check will be assessed a \$35 fee no further checks will be accepted from that patient. If the account should be turned over to a collection agency, for any reason, 10% of the principle balance will be added for interest along with an additional 10% service charge.

I have read the insurance and financial policy above. I understand and agree to abide by the listed terms.

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Signature of Financially Responsible Party

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Date