

## Patient Financial and Insurance Benefits Agreement for Smile Innovations

This agreement is to inform you of your financial obligation to our practice. We are committed to providing you with the highest quality dental care using only the best material and technology available in dentistry. We are also committed to providing you with up to date information and education and educational tools so that you may fully participate in maintaining optimum oral health. This financial agreement is intended to facilitate excellent service to you, while minimizing our administrative costs.

Your cost for treatment is due at the time service is provided. Our office accepts cash, personal checks, and most major credit cards. Outside financing is available through Care Credit. We offer prepayment discounts for treatment paid in full prior to the appointment (ask our front desk staff for more details).

If you are a patient with dental insurance, we require you to sign this agreement and/or any other necessary assignment documents that may be required by your insurance company. This instructs your insurance company to make payment directly to our office.

Although we are willing to complete insurance forms and submit a claim on your behalf, we do not accept responsibility for the outcome transaction. Completing insurance forms is a courtesy we extend to you in an effort to save you time and facilitate payment to our office. By having our office process your insurance forms, it is important that you understand that this does not eliminate your financial obligation for treatment.

Insurance payments ordinarily are received within 30-60 days from the time of billing. If your insurance company has not made payment to our office within 60 days, we will ask you to pay the entire balance at that time. You will be responsible for seeking reimbursement from your insurance.

All changes you incur are your responsibility regardless of your insurance coverage. 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.

Our office will not enter into a dispute with your insurance company over any claim, although we will provide the necessary documentation your insurance company requests to sort out any questions that may arise. We will cooperate fully with the regulations and requests of your insurance company. It is ultimately your responsibility to resolve any dispute over payments made or not made by your insurance company.

Your estimated co-payment for treatment, which is the amount not covered by your insurance, is due at the time we provide services. The co-payment is only an estimate and may be found to be insufficient after review by the insurance company.

Returned checks will incur a \$30 insufficient funds fee. Balances older than 30 days may be subject to finance charges. In addition, all professional courtesies applied to the account will be removed before being sent to a collection agency if balances go over 90 days and payment arrangements have not been met.

Cancellation policy- If unable to keep a dental appointment kindly give 24 hour advance notice. We reserve the right to charge for missed appointments.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Patient/Responsible Party \_\_\_\_\_