

Smile Rx Dental Office Policies

Financial Policy

- Payment for services is due at the time of office visit. Payment options include cash, check, MasterCard, Visa, American Express, Discover, and Care Credit.
- As a courtesy to our patients, we file all claims to the insurance company. The patient is expected to pay all charges not covered by the insurance at the date of service.
- If the insurance does not pay a claim, the patient will be responsible for charges and will be billed.
- You will have 30 days to take care of the claim or balance or an interest rate of 7%, per billing cycle, will be charged to your account.
- If the account is in default and turned over for collection, I acknowledge that I will be responsible for all reasonable costs associated with effecting collection. If during the admission or application process I have provided a cell phone number; I acknowledge that I may be contacted at that number for account servicing matters.
- Your dental insurance benefits were verified by our office according to information provided by you. The benefits quoted by your insurance company are just an estimate and are NOT A GUARANTEE OF COVERAGE. You will be responsible for any amount not covered.
- A returned check fee is \$30.

_____ Please Initial.

Appointment Policy

An appointment is considered reserved and confirmed once the patient schedules the appointment. Any cancellation to a reserved dental appointment must be made verbally with at least 24 hours notice to avoid a broken appointment fee of \$50.

The office will try to remind patients in advance of their appointment but may not have success in contacting a patient. The reminder phone call or email is a **courtesy** and is not an excuse for a broken or cancelled appointment.

If the patient is late, we will try our best to accommodate but cannot guarantee that you will be seen that day. If you are repeatedly late you may be subject to a missed appointment fee.

I have read and accept the office policies of Smile Rx Dental. I understand that I am ultimately responsible for all charges incurred for dentistry performed at Smile Rx Dental.

Patient Signature

Date