

ALWAYS A SMILE FINANCIAL DISCLOSURE

Thank you for choosing our office to serve your dental needs. We are dedicated to providing excellent care. This is our financial policy and we encourage you to read it carefully and to ask any questions prior to service.

Please provide your insurance information at the time of your visit. We will be happy to submit a claim on your behalf. Your portion is based on the co-pay information provided to us by your insurance company, (which is an estimate), and is due at the time of service. Please keep in mind that most insurance policies have some type of clause or exception- we suggest you call your insurance company ahead of time to find out all your benefits.

While we understand that dealing with your insurance carrier can sometimes be complex, it is physically impossible for us to be the mediator between the patient and the insurance company. Therefore, your insurance coverage must remain a contract between you, your employer and the insurance company. We also cannot wait indefinitely for insurance reimbursements for services rendered. All account must be brought current within sixty (60) days regardless if insurance has paid or not. If overpayment does occur, we will issue a reimbursement check immediately.

For your payment convenience, we do accept Visa, MasterCard and American Express. Longer term financing is available thru a separate finance company.

We will gladly discuss any questions in advance about your insurance or financial responsibility. We understand that sometimes financial difficulties arise making payment a problem. We encourage a prompt phone call in order to discuss a solution and to prevent further collection actions from being taken.

Signature of Responsible Party

Date