



Patient Financial Agreement

At Creating Smiles it is our Philosophy to provide outstanding care to patients who expect the very best and to educate them to become partners in their own dental health.

In an effort to keep fees reasonable and to continue to provide quality care we have established a payment policy.

Our office will be happy to bill your insurance carrier , however we do require payment of any uncovered services, deductibles or co-payments to be taken care of at each appointment.

1. All routine dental treatment will be paid in full at the time the treatment is rendered.
2. Cash, Check, Visa or MasterCard are all acceptable forms of payment.
3. We have an office manager who will be happy to help you with your individual needs. For treatment plans you will be given an **ESTIMATE** of what your insurance company will pay and any co-payment will be handled with the according to the above financial policy. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. Our office cannot negotiate with your insurance company for reimbursement of dental expenses. If your insurance does not pay in full within 60 days, we ask that you contact them as charges will then be transferred to you. We require you to pay the balance due even though your insurance carrier may eventually process your claim. A refund will then be mailed to you. Interest on past due balances will accrue at a rate of 1.5% monthly. There will be a \$35.00 fee for all return check items. Should your account become delinquent and be referred to a collection agency, you shall be financially responsible for the costs of collection and/or legal fees. Collection costs are calculated by adding to the principle the amount of \$25.00.
4. In the event of a missed appointment without 24 hour notice, a \$50.00 broken appointment fee will be assessed.

Deposit Policy: For some procedures a deposit may be required to reserve the appointment time. In the event of a missed appointment without 24 hour notice, a **NON-REFUNDABLE** penalty will be assessed at the rate of \$100.00 per hour. This will be deducted for the appointment deposit and **WILL NOT** be re-applied to that or any other treatment fee. The patient will then responsible for the full fee at the time of service.

I have read and understand the financial policy outlined above.

Signature of Patient of Guardian

Date