Smiles for Life Dental Group

POLICIES

Please read the following policies and sign at the bottom to indicate that you have read and understand our office financial policies.

Dental Insurance

In order for us to maintain a high level of service to you, we provide the courtesy of submitting your insurance claim on your behalf. Policy coverage, changes, and follow-up on unpaid claims is your responsibility.

In order to provide this service to you, we must have complete insurance information and confirmation of your coverage. If we have not received payment from your insurance company within 60 days of billing, the balance becomes your responsibility.

Insurance coverage is a contract between you or your employer and your insurance company. We have no control over this relationship.

We can only estimate what your insurance will pay since each insurance company has their specific limitations.

Payment Options

Our office accepts cash, check, and credit card.

If you need to make long term payments, we can offer financing through Care Credit. You must qualify to use this financing option.

We reserve the right to charge a $35.00 fee on all returned checks.

Delinquent Accounts

For all accounts over 60 days with patient amounts due, there will be a $10 billing fee or a finance charge of 1.5% per month, whichever is more.

After 120 days all accounts that are not paid in full, may be sent to a third party collection agency.

Should this account become past due, you agree to pay any reasonable additional fees, including any and all collection agency, legal fees and/or court costs, necessary to collect this amount.

Cancellation Policy

Due to the fact that we are reserving time on our schedule for your appointment, we ask that you provide 24 hours notice for any appointments that you may need to change. All changes in your scheduled appointment must be handled during our normal business hours.

Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, have reviewed the privacy policies of Smiles for Life Dental Group.
Name (please print)

X_____ _____
Signature Date

For Office Use Only:

We attempted to obtain written acknowledgement of receipt of our Privacy Practices but acknowledgement could not be obtained because:

____ *Individual refused to sign*

____ *Communication barriers prohibited obtaining acknowledgement*

____ *An emergency situation prevented us from obtaining acknowledgement*

____ *Other (please specify)* _____