

## **FINANCIAL POLICY**

Thank you for choosing us as your Dental Healthcare Provider. We believe that all patients deserve the very best dental care we can provide. We also believe that everyone benefits when specific financial arrangements are agreed upon. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy, which we require that you read and sign before seeing one of our dental professionals.

***\*FULL PAYMENT OR COPAY'S ARE DUE AT TIME OF SERVICE. WE ACCEPT CASH, CHECK, VISA, MASTERCARD, AND AMERICAN EXPRESS. WE ALSO OFFER CARE CREDIT, WHICH IS AN EXTENDED OUTSIDE PAYMENT PLAN WITH PRIOR CREDIT APPROVAL.***

**INSURANCE:** Regardless of any insurance status, you are responsible for the balance due on your account. Your insurance policy is a contract between you and your insurance company.

We require any estimated co-payments, deductible and any services not covered by your insurance plan, be paid at the time of treatment. We cannot bill your insurance unless you provide us with all the necessary insurance policy information. If your insurance has not paid within 60 days, the balance can transfer back to your account. Please be aware that some services provided may be non-covered under the terms of your particular dental insurance plan.

**PAYMENT PLANS:** Healthy Smiles Family Dental has partnered with **Care Credit**, a patient financing company, to offer our patients 0% interest financing for 6 or 12 months.

**MISSED APPOINTMENTS:** Cancellations require **24 hours advance notice**. Please help us serve you better by keeping your scheduled appointment. Excessive cancellations and broken appointments will result in either a **\$50.00** fee or **Dismissal** from the practice.

**I HAVE THOROUGHLY READ THE FINANCIAL POLICY AND UNDERSTAND AND AGREE TO IT.**

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Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date