



SMILEY DENTAL GROUP



SMILEY · HOLOWICKI

5156 Blazer Parkway, Dublin, Ohio 43017

614-889-0726

www.smileydentalgroup.com

## OUR FINANCIAL POLICIES AND YOUR DENTAL INSURANCE

We are committed to providing you with the best possible care. If you have dental insurance, we want to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our financial policies. Please be sure to read this form in its entirety and sign at the bottom.

We encourage our patients to be familiar with the cost of their dental treatment. A fee estimate is available to you before you consent to treatment. If you would like an estimate, please be sure to request one.

- Patients without insurance: Please make payment for your care at each office visit. The following methods of payment are offered: Cash or Check, Visa, Mastercard, and Discover. We also offer financing plans through CareCredit Financing.
- Your insurance is a contract between you, your employer and the insurance company. We are not a third party to that contract. As a service to you, we will help you file your insurance claim for reimbursement, providing we have complete and current insurance information. However, we consider the patient responsible for the account.
- Not all services are a covered benefit in all contracts. The insurance coverage purchased by your employer selects certain services they will not cover. You are responsible for deductibles and non-covered services. Please pay estimated portion as services are rendered. The remaining balance should be paid within 10 days after receipt of our billing statement.
- If you have any questions concerning our financial policies or any uncertainty regarding insurance coverage, PLEASE do not hesitate to ask. We are here to help you.
- A note to divorced parents: The parent who brings the patient to our office will be responsible for our professional fees unless specific alternate arrangements are made in advance.
- To avoid a broken appointment fee, we kindly ask for 48 hours notice for all cancellations.

**I have read and agree to the Financial Policy stated above that applies to me.**

**Responsible Party Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Revised 07/29/12