

### **The Graceful Smile Dental: Office Financial Policy**

Thank you for choosing us as your dental health care 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. The following is a statement of our Financial Policy which we require that you read and sign prior to any treatment. FULL PAYMENT IS DUE AT TIME OF SERVICE. WE ACCEPT CASH, VISA, MASTERCARD, DISCOVER CARDS, AND DEBIT CARDS.

**Regarding Insurance: We request that any co-payments, deductibles, and any services not covered by your insurance plan be paid at the time the service is provided.** Our goal is to maximize your dental insurance benefit while at the same time minimizing your out of pocket cost. We do this by working hard to maximize your dental insurance coverage but we can't bill your insurance unless you bring in all insurance information at your initial visit. Your insurance policy is a contract between you and the insurance company and because we are not a party to the insurance contract, the balance is your responsibility whether your insurance company pays it or not. If your insurance company has not paid your account in full within 45 days, the balance will be automatically transferred to your account. Please be aware some and possibly all of the services provided may be non-covered services and not considered reasonable, usual, and customary under the terms of your dental and/or medical policy.

**Missed Appointments: Unless cancelled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of a normal office visit (\$50).** Please understand that missed appointment times are valuable to those patients that may find it hard to come to the dentist at other times. Please help us serve you better by keeping your scheduled appointments. **Excessive cancellations and no shows will result in termination of our treatment agreement and your records can be forwarded to another dental office for a \$20 fee.**

**Billing & balances:** All accounts which have not paid the estimated portion of their bill at the time of service will incur a \$3.00 billing charge each month until the balance is paid. Balances which are 60 days old or older will incur a monthly 1.5% finance charge which equals an 18% per annual (annum) rate. There is also a \$30 returned check fee.

**Large Procedures:** We request that any large procedure that exceeds five hundred (\$500) dollars that you would be responsible for, we would collect 20% down payment the date the procedure is scheduled. This payment will guarantee your appointment time.

**Collections: Any account that has not received payment in 60 days will be handed over to a collection agency that will pursue the responsible party for reimbursement. The responsible party will be also responsible for any charges posed by the collection agency.** This will negatively impact your credit history and limit the treatment you can receive at our office.

Thank you for understanding our financial policy. We look forward to providing the highest quality of dental care in a relaxing and caring atmosphere.

“I have thoroughly read the financial policy, understand, and agree to this financial policy.”

X \_\_\_\_\_