

# FINANCIAL POLICY

## **Patient Agreement and Financial Policy**

Our Care Coordinators will be happy to assist you with these payment options:

- We gladly accept Cash, Personal check, Visa/Mastercard, Discover
- If you are in need of extended financing, we are pleased to offer a third-party financing option through Care Credit, for those who qualify.
- For treatment involving laboratory fees (crowns, bridges, dentures, implants, etc.) we ask for at least 50% at your first appointment and the remaining balance at your delivery appointment.
- There will be a \$35 charge to all accounts in which a check payment is returned.

## **Insurance**

Your dental benefits (insurance) are based upon a contract made between your employer and an insurance company. As a courtesy, we bill your insurance company. We estimate your portion based on the most up-to-date information we have, but it is **ONLY AN ESTIMATE**. If payment is delayed over 30 days by your company, Centre Smiles Dental reserves the right to request payment in full for services from you and let you collect the insurance funds that are due to you.

## **Broken Appointments**

We value and respect your time and hope you respect ours as well. When you make an appointment, we reserve that time exclusively for you. When you miss an appointment, it prevents us from serving another patient in need of our care. We make it a priority to attempt to confirm your appointment prior to the scheduled time. If you need to change an appointment, we require notice of at least one full business day. We send confirmation texts to confirm your appointment electronically as a courtesy, opting out of text services will interrupt this convenient feature intended to serve you. If we are unable to reach you by text, we will attempt to reach you once within one business day prior to your appointment. In the event that we are still unable to confirm your appointment, we will ask you to call our office to avoid an unintentional missed appointment. Missed appointments or rescheduling with less than one full business day between the cancellation and the time of your appointment, there will be a charge of \$79.

I hereby agree to be responsible for the costs of care provided by Centre Smiles Dental for myself or my dependent(s). These include any deductibles and amounts not covered by insurance. I also understand that it is my responsibility to be aware of any limitations, and benefits of my insurance policy.

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**Printed name(s) of all minor patients**

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**Printed name of patient or responsible person**

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**Signature of patient or responsible person**

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**Date**