



Office Policies

Dental Insurance:

- As a courtesy, we accept Assignment of Benefits and bill your dental insurance on your behalf.
- We recommend that you contact your insurance company to verify the accuracy of the information they have provided us to fully understand your plan benefits.
- After receipt of final payment from your insurance company, your account becomes due and will begin aging.
- Any unpaid dental claims, regardless of the reason, continue to be your financial responsibility.

Payment Policy:

- You are financially responsible for all charges incurred during your dental treatment.
- Your estimated payment is due at the time that services are provided.
- We accept the following payment options: Cash, Personal Check, Debit Card, Credit Card (Visa, MasterCard, American Express, Discover) and CareCredit and Sunbit (Pre-approval required).

Finance, Collection and Missed Appointment Charges:

- We understand that unforeseen financial problems may affect timely payment of your account. We encourage you to immediately communicate with us, so we can help.
- Overdue account balances will be subject to a 1.5% finance charge (18% annually).
- We require 48 hour notice to reschedule or cancel your appointment. Failure to provide the required notice will result in a \$100.00 charge per hour booked.
- Please provide contact information to receive the following reminders for your appointments:

Reminder 7 days prior by email/ Text

Email _____

Reminder 3 days prior by phone/Text

Phone Number _____

Reminder 1 day prior by Phone/Text

Cell Phone _____

I have read and accept the terms and conditions of this financial agreement and I authorize my insurance to pay my dental benefits directly to Smile By Us Dentistry.

Appointment Reservation and Down Payment Requirement

To ensure timely and efficient care for all our patients, we require a down payment of at least 50% of the scheduled treatment cost to reserve an appointment with the doctor. This down payment secures your appointment and allows us to allocate the necessary time and resources for your treatment.

The remaining balance is due on the day of your scheduled appointment. In the event that you need to reschedule or cancel your appointment, please provide at least 48 hours' notice. Failure to adhere to our office's cancellation policy will result in the down payment being applied toward the cancellation fee.

We appreciate your understanding and cooperation in maintaining an organized and effective scheduling process. If you have any questions, please don't hesitate to contact our office

Print Name _____

Signature _____ **Date** _____