

Smith Dental Care

Patient Care & Financial Agreement

Our primary goal here at Smith Dental Care, P.A. is to provide you with exceptional oral health care and patient service. In our office, we strive to maximize any insurance benefits and make payment options straightforward so we can focus on providing you with quality care. Our fees are based on the quality of dental materials we use and the time, effort, and skill required for your individual needed treatment. We will be sensitive to your financial circumstances; ultimately, however, you are responsible for payment regardless of any insurance benefit or arrangement.

Please Initial on Each Line Below:

- _____ If you have dental benefits, we are happy to submit the claims to your insurance company on your behalf. However, coverage is not guaranteed. Your insurance policy is a contract agreed upon between you and your insurance carrier, and you are ultimately responsible for all treatment costs.
- _____ Payment is expected on the day of treatment. If you have a dental benefit, we will collect your total estimated portion of the procedure fees. We accept the following forms of payment: cash, check, and credit/debit cards (Visa, MasterCard, or Discover).
- * In addition, we do offer and accept CareCredit. A patient payment program offering a full range of no interest and extended payment plans for treatment.
- _____ Rescheduling appointments - We realize that your time is valuable. Our doctor and team devote extensive amounts of time preparing for your visit. Broken and missed appointments prevents other patients from opportunities of care. If you find that you must change your scheduled appointment, we require a minimum of 48-hour advanced notice, so that we may make every effort to accomodate other patients. If proper notice is not received, we may not be able to reschedule you at an ideal time or a reservation fee may be required to schedule any future appointments.
- _____ Extended or Multiple Appointments - Our team wants to ensure that you receive the best care possible. For appointments that require 2 or more hours, or that require multiple visits for procedure completion, we may ask for a reservation fee. This is for the doctor and our staff to be able to spend uninterrupted time with you for your appointment. This amount is non-refundable, but will be applied towards the total amount due for your treatment that day.
- _____ Minor(s)/Dependent(s) - You have an dependent who is under 18 years of age OR that is 18 years and older. You understand and accept full responsibility for all charges or payments due on their account. Before any treatment is rendered, you will be explained options in full, and required to physically sign off on treatment. Although, scheduling an appointment for treatment, and/or dropping your child off for care at our practice will be taken as implied consent. No appointments will be made directly with a dependent.

Name of Responsible Party (Please Print) :

We thank you for trusting us with your dental health! We are proud to serve you and your family.

I have read and agree to the above Patient Care Financial Agreement.

Name of Patient (Please Print):

Signature of Patient or Responsible Party:

Date: