OUR FINANCIAL POLICY

We are committed to providing you with the best possible care, and we are please to discuss fees with you any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask I you have any questions about our fees, Financial Policy, or your financial responsibilities.

All patients must complete and sign our "Patient Registration Forms" completely before seeing the doctor.

FULL PAYMENT IS DUE AT THE START OF TREATMENT.

NO POST-DATED CHECKS WILL BE ACCEPTED.

WE ACCEPT CASH, CHECKS, VISA, MASTERCARD & AMERICAN EXPRESS. Please note that a 3.5% surcharge is imposed on all credit card payments. No surcharge is applied on debit cards.

REGARDING INSURANCE

PPO/TRADITIONAL INSURANCE – I understand that my dental insurance is a contract between me and the insurance carrier and not between the insurance carrier and the Doctor. Therefore, I am still responsible for all dental fees. As a courtesy to me, Everlasting Smiles is submitting all claims to my insurance company on my behalf. However, my patient's portion is expected in full at the time services are rendered unless prior arrangements have been made. I am also assigning all insurance benefits (payments) to the Doctor. Any payments received by the doctor from my insurance coverage will be credited to my account or refunded to me if I have already paid all dental fees incurred. Please note that insurance payments are paid based on an estimated percentage and any unpaid charges from the insurance company for services performed also becomes the patient's responsibility. I further understand that a late charge will be added to any overdue balance after 30 days.

MINOR

The adult accompanying a minor, and his/her parents (or guardians), is responsible for full payments at the time of service. For unaccompanied Minors non-emergency treatment will be denied unless charges have been pre-authorized by parents at the time of service.

MISSED APPOINTMENTS

We will make every effort to arrange appointments that fit into our schedule. We do ask that you kindly give us **48 hours'** notice should an emergency prevent you form keeping your appointment to avoid a BROKEN APPOINTMENT CHARGE ($70) ADDED TO YOUR ACCOUNT. This will also allow us to accommodate other patients in need of treatment. Should you habitually miss appointments, we reserve the right to dismiss you from our practice.

COLLECTION POLICY

If for any reason, there is a balance on your account that has not been paid after **90 days:** your balance will be forwarded to our collection agency (Capital Accounts). At that time, you will be responsible for the collection fee of (30% of outstanding balance) and the balance owed to the office.

Thank you for understanding our Financial Policy. Please let us know if your have any questions or concerns.

RESPONSIBLE PARTY SIGNATURE_____**DATE**_____