**SMILES OF NORTH DALLAS** – **INSURANCE AND FINANCIAL GUIDELINES**

At **Smiles of North Dallas** we believe in providing the highest quality of care and exceptional service. That is why we present you with the best solutions possible to treat your personal dental situation. We provide care for patients that have dental insurance and some that don’t. Many insurance policies have exclusions and limitations that can affect your out-of-pocket costs. Here are some important guidelines you should know.

Initial

\_\_\_\_\_\_\_\_\_Your dental benefits are based upon a contract made between your employer and insurance company. If you have ANY questions regarding your benefits please contact YOUR employer or insurance

company directly. Dental benefits only pay a portion of your treatment. Insurance is merely intended to assist you. Bear in mind that insurance is NOT designed to provide 100% benefit.

\_\_\_\_\_\_\_\_\_We currently accept all private dental insurance (plans that don’t require you to select a dentist from a list or require our office to accept a reduced fee for services). That means that we work with literally

thousands of companies. Although we maintain histories of payments from each company, they do change; therefore it is impossible to give you a guaranteed quote at the time of service. We can estimate your portion based on the most up-to-date information we have, but it is **ONLY AN ESTIMATE**. If you would like to know your ins. benefit we will be happy to file a “pre-treatment authorization” with your insurance company prior to treatment. Keep in mind that this is still NOT a guarantee of coverage. This does delay treatment but will help you determine your out-of-pocket expenses.

\_\_\_\_\_\_\_\_\_We will bill your insurance as a courtesy. If insurance does not pay within 60 days, we reserve the right to request payment in full for service from you and let you collect the insurance funds that are due to you. This is rare but it is important to recognize that the insurance you have is a legal contract only between YOU and your insurance company. Our office is NOT and cannot be a part of that legal contract. Ultimately YOU are responsible for all charge incurred in our office. There will be a finance charge of 1.5% per month applied to all account balances after 90 days. We don’t accept assignment from secondary carriers.

\_\_\_\_\_\_\_\_\_ Smiles of North Dallas does require payment in full for your portion at the time of service. We accept Mastercard, Visa, American Express, Discover, cash and checks (for existing patients with established payment history). We do not accept checks for over $500. If you are in need of an extended finance option we also work with CareCredit, who offers 3, 6, 12, or 18 month “same as cash” or longer terms with an interest bearing a revolving charge designed to meet your treatment plan needs on approved credit.

\_\_\_\_\_\_\_\_\_We offer a 5% courtesy for treatment paid in full (cash or check) at time of service on treatment >$500.

\_\_\_\_\_\_\_\_\_A specific amount of time is reserved especially for you and we strongly encourage patients to keep their appointments. If you much change your appointment, we require 24 hours notice to avoid a **$45/hour cancellation fee** (emergencies are an exception).

\_\_\_\_\_\_\_\_\_In the event of an emergency after regular hours a **$65 emergency fee** will be charged for established patients in addition to the necessary treatment fees. Patients who are not established in the practice will be charged a **$150 after hours emergency fee**.

\_\_\_\_\_\_\_\_\_Deposit Policy: Due to the extensive amount of time devoted to preparing and reserving time for reservations over 2 hours, for all cases involving lab work, and surgeries require a deposit of half of the treatment fee to make your reservation.

\_\_\_\_\_\_\_\_\_Minors: Payment for services for the treatment of minors can be made by check, cash, or credit card and is the responsibility of the adult accompanying the minor.

\_\_\_\_\_\_\_Divorce: In case of divorce or separation, the party responsible for the account prior to the divorce/separation remains responsible for the account. After a divorce/separation, the parent authorizing treatment for a minor will be the parent responsible for the subsequent charges. If the divorce decree requires the other parent to pay all or part of treatment costs, it is the authorizing parent’s responsibility to collect from the other parent.

I AGREE WITH THE ABOVE CONDITIONS.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient/Parent or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_