



FINANCIAL POLICIES

Thank you for choosing Smile Perfector Dental Group as your dental health provider. We will do everything possible to ensure an easy, safe and comfortable visit. It is imperative that you understand that payment for services rendered is part of your treatment. Below is our financial policy. Please take a moment to read and carefully and sign before being seated. Should you have any questions, feel free to ask the front office staff.

- 1.) Full payment is due at the time of service.
- 2.) We accept cash, check, Visa and MasterCard
- 3.) If you have dental insurance, you are expected to pay your estimated portion, including all copays or deductibles at the time of service.
- 4.) With prior arrangements, we offer payment plans through an outside financing company.

We are committed to providing the best treatment for our patients strictly based on a diagnosis of what is needed to save and prevent further loss or damage to your teeth and gums. Our fees are usual and customary for our area. Our diagnosis will solely be based on what is, in the best interest of your dental health care. Regardless of any insurance company's determination of what usual and customary is you are responsible for payment.

We will accept assignment of your insurance benefits. You are expected to pay the estimated portion of the fee for treatment. Please be aware that this is only an estimate. The actual cost can change depending on your insurance coverage or changes in treatment. Ultimately you are responsible for any balance of services rendered. Claims are billed as a courtesy for you and are based on the information provided by you. Please provide us with the necessary information (i.e. social security number, date of birth, and full name), as we cannot bill your insurance company without it. In some cases your subscriber I.D. will suffice. This information must be provided prior to your dental treatment.

Your insurance policy is a contract between your employer and your insurance company. We are not included in that agreement. Until we receive your insurance company's portion of services rendered, the unpaid balance will show on your monthly statement.

If financial agreements are made, we expect you to adhere to this agreement strictly. Arrangements must be made prior to dental treatment. If your account becomes delinquent for more than 30 days and you are in need of additional treatment, full payment must be made prior to the time of service.

Patient Printed Name

Date

Patient Signature

Date