

**SMILEMAKERS FAMILY DENTAL GROUP  
FINANCIAL ARRANGEMENTS, YOUR DENTAL INSURANCE,  
OFFICE TERMS AND PROCEDURES**

We are committed to providing you with the best possible dental care. If you have dental insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy. We will be happy to help you process your insurance claim form by submitting ONE FORM for each of your dental visits. In order to this, we must have an original form from your insurance company on file, filled out completely and signed by you, as our computer system will file subsequent claim forms either electronically or by hard copy. Frequently, however, insurance companies return forms for further explanation and resubmission. For this reason, a \$5.00 fee will be levied for resubmission due to any error, which is not ours. You can eliminate this fee by submitting your own claim form the second time, after paying the insurance part in advance.

Co-payments for services are due at the time those services are rendered, unless our staff has previously arranged an approved payment plan. Your treatment coordinator will be glad to assist you in the completion of all accepted payment arrangements. **We will estimate the amount of your co-payment in advance and request its payment in full at each visit.** For your convenience this office accepts all major credit cards. If there is a discrepancy at the end of treatment, we will either refund any overpayment, or work with you to clear your remaining balance. Any remaining balance will be due upon receiving a statement via mail. Please note that all costs of treatment given are only estimations. It is ultimately up to your insurance company to determine the amount of payment and any discrepancies regarding the cost of treatment should be handled by them.

Returned checks will be subject to additional collection fee of \$30.00. Balances older than 30 days will be subject to finance charges of 1.5% per month (18% annualized). We consider your time to valuable and schedule appointments for your care only. We expect you to return the consideration and reserve the right to ***CHARGE A \$30.00 FEE PER HALF HOUR FOR BROKEN APPOINTMENTS AND APPOINTMENTS CANCELLED WITHOUT 48 HOURS NOTICE.***

We must emphasize that your insurance is a contract between you, your employer, and your insurance company. We are not a party to that contract, except on a few, chosen participation plans, our fees are generally considered to fall within the acceptable range by most companies and, therefore are covered up to the maximum allowance determined by your carrier. "U.C.R." is a term defined as the usual, customary, and reasonable fees for a certain region. In determining this fee survey, offices such as "discount clinics" are included and this affects the average. We consider our fees to be Usual, Customary, and Reasonable. While the filing of insurance claims IS A COURTESY that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect the timely payment of your account and when notified of any problems, we will be happy to work with you in the payment of your account. Any account with no payment activity for 60 days ***WILL BE TURNED OVER TO COLLECTION FOR A LEGAL REMEDY WITH AN ADDED \$50 PROCESSING FEE.***

Smile makers strives to provide perfection and satisfaction, which is why we are

happy to stand behind all your dental work. However, we also expect you to stand behind your commitment to maintaining good oral hygiene by having your teeth professionally cleaned by our dental hygienist every six months. We will stand behind our sealants, white and silver fillings, crowns and fixed bridges for a period of three years. **We will not stand behind our work unless you are seen in our office for your regular six-month checkups.**

In signing this form you consent to the treatment of yourself and/or child by a licensed dentist or dental hygienist of Smile Makers West Family Dental Group. Any unforeseen circumstances that may occur during this treatment will be remedied to the best judgment of the dentist involved.

I HAVE READ THE ABOVE AND AGREE TO THE TERMS OUTLINED.

Signature \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_