

**SMILEMAKERS FAMILY DENTAL GROUP
779 HARRISBURG PIKE
COLUMBUS, OH 43223
(614) 276-6226**

SUMMARY

1. ONE insurance form will be submitted to your insurance company on your behalf. If the first submission is not processed by your insurance company, a fee of \$5.00 will be assessed to your account for resubmission or you may pay your account in full and submit for reimbursement from the insurance.
2. A \$30.00 fee will be charged to your account per half hour of your appointment if you:
 - a. Choose to cancel or reschedule without 48 hours notice
 - b. Do not show for your appointment
3. All co-payments paid at the time of service are only estimates. The amount the insurance will contribute to your visits is unknown until they have processed your claim.
4. All co-payments for MAJOR services are due PRIOR to your appointment (i.e. crowns, dentures, bridges)
5. There will be a \$30.00 fee for all returned checks.

Signature _____

Date ____/____/____

(By signing the above line you have agreed to all terms disclosed in this summary of our office policies.)