

Bright Smiles Family Dentistry

Financial Policy

Thank you for trusting us to provide your dental care. Our staff is committed to providing you with the best quality care while making your visit a comfortable experience. We will make every effort to minimize the cost of your care. In order for us to do this we have implemented the following Financial Policy.

Payment Policy

FULL PAYMENT IS DUE AT TIME OF SERVICES. We accept cash, check, credit cards (MasterCard, Visa, and Discover), debit cards, and financing is available through Care Credit. If you have any questions about our fees for our services, please do not hesitate to ask before the services are provided.

It is against our policy to accept post-dated checks.

Adult patients are responsible for full payment at the time of service. Adults accompanying minor patients (anyone under age 18) are responsible for the full payment at time of services for the minor. No charges can be billed to a party who is not present for the minor's appointment.

Insurance Policy

As a courtesy to you, our patient, we will file a claim to your insurance company. You are responsible for payment of the estimated balance not covered by your insurance company at the time of services. Our office will make every effort to calculate the amount that will not be paid by your insurance company. Please be aware that your insurance company may not cover some services and that your insurance company may pay less than the estimated amount for some services. If your insurance company pays less than the estimated amount for your service, you are responsible for the remaining balance at that time.

The total balance is your responsibility whether your insurance does or does not pay. Your insurance policy is a contract between you and the insurance company. We are not a party to that contract and are not responsible for the amount your insurance company pays for our services. We must rely on our patients to understand their insurance coverage. Please make sure to provide us with all of your insurance information so that we may assist in getting your claims paid promptly.

Finance and Billing Charges

Any charges incurred to collect payments on delinquent accounts will be added to the account balance and billed to the responsible party on that account.

I understand and accept the terms of your Financial Policy,

Signature of Responsible Party (must be over 18)

Date

**Acknowledgement of Receipt of
Notice of Privacy Practices**

You may refuse to sign this acknowledgement.

I, _____, have received a copy of this office's Notice
of Privacy Practices.

printed name

signature

date

For office use only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

_____ Individual refused to sign.

_____ Communication barriers prohibited us from obtaining the acknowledgment.

_____ An emergency situation prevented us from obtaining acknowledgement.

_____ other (please specify)

