



## FINANCIAL POLICY

**Financial Arrangements:** We offer the following methods of payment for services at Craft Smiles Pediatric Dentistry.

1. ***Cash, Check, Debit Card, and Credit Card (MasterCard, Visa, Discover, & American Express).*** All payments are expected to be paid in full at the time the services are rendered.
2. ***5% Courtesy:*** A 5% courtesy will be given when services are paid by cash and in full prior to the appointment date.
3. ***Dental Financing Plan:*** We have made arrangement with a company that will finance your dental treatment with approved credit. This will allow you to complete all dental work for you and your family without delay. Make ***NO initial payment*** and have ***LOW monthly payments*** with interest free options. Application forms are available at reception desk. We can help you get approved today!

**Returned Checks:** A \$40 charge will be applied to all returned checks

### **Dental Insurance Estimates and Coverage:**

Based on the information we have from your insurance company, we will ***ESTIMATE*** your portion of dental fees. ***Most insurance companies do not cover 100% of all dental expenses.*** Portions that are not covered by your dental insurance company are your responsibility and are due at the time treatment is performed. Some companies pay fixed allowances for certain procedures and others pay a specific percentage of the procedure charges. It is the subscriber's responsibility to pay any deductible amount, co-insurance payment, and any other balance that is not covered or paid by your dental insurance company. Our office cannot render services based on the assumption that charges will be paid by the insurance company.

Please keep in mind that dental insurance is a contract between the patient and the insurance carrier, and not between the insurance carrier and the dentist. The patient is still the responsible party regarding dental fees. We will be glad to generate and process your insurance forms at no charge and will do our best in making collections from the insurance company by filing the necessary forms.



**Appointments, Timeliness, and Communication:**

Please remember that your scheduled appointments are reserved specifically for your child. We are committed to seeing your child on time for their visits and kindly ask that you arrive on time for your appointments. Craft Smiles Pediatric Dentistry requests a 24 hour notice be given to our office if an appointment needs to be cancelled or rescheduled. We have a strict no show policy. If your family no shows for more than three (3) appointments, you may be dismissed from the practice.

PLEASE FEEL FREE TO DISCUSS WITH US ANY QUESTIONS OR CONCERNS YOU MAY HAVE REGARDING DENTAL TREATMENT OR THE FINANCIAL ARRANGEMENTS.

I understand and agree to the following Financial Policies listed above:

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Patient/Guardian Signature

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Date