

# Welcome to Smiley Family Dentistry

Thank you for choosing our office to meet your dental health care needs. It is our goal to provide you and your family with the highest quality of dental care in a friendly and relaxed environment. In order to keep our standard of care to a level which best serves your dental needs, we ask you to please observe the following guidelines.

## Payment Policy

Payment in full is expected at the time of service. The charges for the services we render reflect the high level of training of the providers in our practice and the high level of care the patient receives. Our office will electronically submit an insurance claim with any supporting documentation required on the patient's behalf. Although we provide this service, the entire balance is the responsibility of the patient. The patient is also expected to be aware of the provisions of their own insurance coverage.

We understand that it is not always possible to pay in full at the time of service. Our office will extend a 90 day payment option for our patients with more extensive treatment plans. 12 month, no interest financing through CareCredit is also available. Please see our accounts manager, Heather, for more details.

If your account becomes past due and there is not a valid reason for payment delay, appropriate action will be taken to recover the amount due within 90 days of the initial billing. Any cost incurred by our office to obtain payment will also be the responsibility of the patient.

## Cancellation Policy

There are many times when other patients require urgent or emergency treatment and must be seen as soon as possible. When you provide our office with advanced notice of a need to cancel a scheduled appointment, this time can then in turn be allocated to patients in urgent need of treatment. In this way the office can best serve the needs of each of our patients.

We request that you provide us with at least 48 hours notice if you need to reschedule an appointment. Continued failure to keep scheduled appointments will result in our not being able to take responsibility for your oral health, and your dismissal as a patient in our practice.

We understand that flat tires, sick children and family emergencies do happen and we do make allowances for such events. If you are not able to provide us with a 48 hour notice, please call and advise us of any special circumstances that caused you to miss your scheduled appointment. We appreciate your understanding of our policies and we look forward to helping you achieve good dental health.

\_\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Authorizing Signature      Date