

**ALLSMILE DENTAL PRACTICE  
OUR FINANCIAL POLICY**

Thank you for choosing AllSmile Dental as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy that we require you read and sign prior to any treatment.

In order to provide you with the highest quality service while keeping our billing costs low, deductibles and co-payments are due at the time the services were rendered. We also offer paperless billing through *EASYPAY* (see below). We simply maintain your credit, debit, or check card number on file to satisfy co-pays, deductibles, and balances not covered by your insurance.

WE ACCEPT MOST MAJOR CREDIT CARDS, CHECK CARDS, MONEY ORDERS, AND CASH. WE ALSO OFFER EXTENDED PAYMENT OPTIONS. Ask our Patient Finance Coordinator for more details.

**Regarding Insurance**

Please understand that insurance reimbursement can be a long and difficult process for our office. In fact, insurers will routinely stall, deny, and reduce payments. Our billing staff has undergone extensive training to maximize insurance payments while reducing their time to pay. Please be aware that the balance is your responsibility whether your insurance company pays or not. Your insurance policy is a contract between you/your employer and your insurance company. We are not a party to that contract. In the event we do accept assignment of benefits we might require that you be pre-approved on our extended payment plan or provide a credit card with authorization to bill that account for the balance. If your insurance company has not paid your account in full within 60-90 days, the balance will be automatically be transferred to your credit card or the extended payment plan. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary by dental insurances and/or state program (i.e. Healthy Families). Regarding insurance plans where we are a participating provider, all co-pays and deductibles are also due at the time the services were rendered. In the event that your insurance coverage changes to a plan where we are not participating providers, refer to above paragraph.

**Usual and Customary Rates**

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

**Adult Patients**

Adult patients are responsible for full payment at time of service.

**Minor Patients**

The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, Visa/MasterCard, or payment by cash or check at time of service has been verified.

**Missed appointments**

Unless canceled, at least 24 hours in advance, our policy is to charge for the third missed appointment at the rate of a normal office visit. Please help us serve you better by keeping scheduled appointments.

**Interest**

We reserve the right to charge interest in the amount of 18% as provided by state law.

**EasyPay**

I authorize AllSmile Dental to charge the balance of my charges not paid by insurance within 60 days to the following:

Visa    MasterCard    Amex    Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns. I have read the Financial Policy. I understand and agree to this Financial Policy:

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Patient or Responsible Party

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Co-Responsible Party