

# *Smile Designer*

## FINANCIAL INFORMATION

***We are committed to providing you with the best possible dental care.***

***Payment for services is due at the time services are rendered,*** unless prior payment arrangements have been made and approved in writing. We gladly accept Visa, MasterCard, Discover, American Express, checks or cash. For larger amounts, we also offer financing through Care Credit.

***A charge may be made for an appointment failed or cancelled without 48 business hours notice.*** Appointment time is reserved in advance and with short or no notice, we do not have the opportunity to fill the time with another guest. We value your time and also ask that you please consider our efforts to accommodate those guests needing or waiting to come in.

***Returned checks are subject to additional collection fees and interest charges of 1.5% per month.*** If an account becomes delinquent, the guarantor will be responsible for all legal fees incurred in collection of that account.

***Your benefit plan is a contract between you, your employer and the insurance company and we are not a party to that contract.***

We are your advocate to help you receive the maximum benefit provided by your benefit plan, and are happy to assist you in understanding your specific plan. It is very difficult to estimate benefits and not all services are covered in all contracts. All policies have limitations and restrictions in order to keep the premium lower to the employer or sponsor.

For example, some plans will reduce benefits to the “lowest standard of care,” such as giving allowance for a “silver” filling rather than tooth-colored fillings. This does not dictate what treatment you are entitled to, should be done, or change the treatment plan suggested for you; rather it is the limitation of the benefit paid for that type of procedure.

If you have any questions about the above information, please do not hesitate to ask. We are here to help you.

- ◆ I understand that my insurance is an agreement between my insurance company and me. I also understand that I am responsible for payment of my account, regardless of my insurance.
- ◆ I give permission for Smile Designer Team to take and necessary diagnostic films, photos or study models to properly enable complete diagnosis and treatment.
- ◆ I have read the above statements. I fully understand and agree to these terms and conditions.

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Signature of Responsible Party

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Date

