



## **FINANCIAL AGREEMENT**

First, we'd like you to know that in a world full of options, we are truly grateful that you have chosen All Smiles Family Dental for your dental care. We never take that for granted and we work ceaselessly to make you feel good about your decision.

We make a very conscious effort to provide the very best outcome for every patient, every procedure, every day. We work equally hard to deliver this high level of care at the lowest cost possible. To that end, we have carefully created the following payment options with the purpose of putting top notch care within the reach of all our patients.

Truth be told, meeting financial commitments in every area of our lives is always a challenge. Our intention with this financial agreement is to help our patients plan for needed treatment with the least amount of stress. We feel a suitable option has been provided to meet each individual need. We hope you will feel the same.

### **\*\* Insurance \*\***

We will happily file your insurance for you. To expedite this process, please provide a completed and signed form yearly.

When scheduling for treatment, we will provide you with an estimate of what your insurance will pay, along with your estimated co-payment. These estimates are based on the past performance of your insurance.

**Please bring the estimated co-payment at the time of treatment.** If the insurance company winds up paying less than estimated, you will be sent a statement for the balance.

If you have more than one insurance plan, please inform the front desk and let them know which of these is your primary carrier and which is your secondary. We will gladly submit both primary and secondary insurance, along with appropriate x-rays, narratives and/or photographs.

Despite our best efforts, some insurance companies may deny payment based on limitations of your coverage. These instances are rare, but **in the event your insurance company refuses to pay for a procedure, the remaining balance will be the responsibility of the insured.**

### **\*\* No Insurance \*\***

**If you do not have dental insurance, we ask that you pay in full at the time of your appointment.** Don't worry, we will be careful not to schedule more treatment than you are comfortable with. (Note: for treatment requiring two or more visits, you may elect to make equal payments over the number of visits for that treatment. Please make these arrangements in advance of the appointment.)

### **\*\* Payment Options \*\***

**CASH or CHECK** - Cash or check is the preferred method of payment. A 10% discount will be given when fees are paid in full at the time of treatment.

**CREDIT CARD** - We gladly accept Visa, Master Card, American Express and Discover.

**PAYMENT PLANS** - Payment plans are available through Care Credit - an independent credit card ([www.carecredit.com](http://www.carecredit.com)). Please notify the front desk if interested.

### **Special Circumstances**

1. Individuals who are 65 or over are eligible for a 10% discount.  
(If an individual over 65 pays in full at an appointment, the discount will not exceed 10%)
2. In case of divorce or separation, the parent or person accompanying a child is ultimately responsible for charges.
3. If you accrue a credit on your account, the balance may be reimbursed to you by check or applied to your next appointment. Please let us know your preference.  
End of month balances \$25 or less will be carried over, not reimbursed by check.
4. Please beware the bounced check - if the bank charges us for a returned check (which it usually does), we will have to pass this charge onto you.

---

Signature of patient / accompanying adult

Date