

M SMILES NOTICE OF PRIVACY PRACTICES

This office has provided a complete copy of the notice of privacy practice.

Signature: _____ Date: _____

FINANCIAL POLICY

For your convenience we offer several options of payment: cash, check, debit or credit card (Visa, MasterCard, Discover). We also have companies willing to finance dental treatment with no money down. Payment arrangements must be agreed upon before procedures are initiated. If you have dental insurance, we will gladly file your claim for you; however, you are responsible for your account. Each patient will receive an estimate of their co-pays and deductibles. This is only an estimate and we are not responsible for amounts not paid by the insurance. We cannot guarantee what insurance will or will not pay. If your insurance company neglects to pay within 60 days the balance on the account becomes your responsibility. **If your account becomes delinquent your account will be turned over to a local collection agency and you will incur any collection costs and any related attorney's fees.** If you do not have dental insurance, we do have other payment options that you may discuss with our financial coordinator.

We are committed to superior service with the latest in technology, done in a timely fashion. We ask that if you need to cancel an appointment that you give us at least 24 hours notice or a **cancellation** fee of **\$40.00** may be incurred.

As our patient, we ask that you keep your account current to allow us to continue providing our highest level of care for you, your family and friends. Your account will be charged a **return check** fee in the amount of **\$35.00** for any check returned unpaid. **If you have any questions, please ask our financial coordinator.**

Please read carefully before signing and dating this agreement.

Signature: _____ Print: _____

Date: _____ Witness: _____