



Financial Policy

Thank you for choosing Designing Smiles. Your complete understanding of your financial responsibilities is an essential element of your care and treatment.

Payment for services performed are due at the time of service. We accept cash, checks, debit cards and credit cards (Visa, MasterCard, American Express and Discover Care Credit). A fee of **\$40** will be charged for returned checks.

| nitial here | appointment, we require a min overbook our schedule, prefer cancellations are very costly to fee of \$40 per hour scheduled missed appointment fee must | 40 per Hour): If you need to cance nimum of 24 hours notice. Earlier no ring to devote our time to each pass our practice. To offset those costs will be charged, if the appointment be paid in full, prior to scheduling a nents without proper notice may res | tice is appreciated. We do not tient instead. Last minute, we have determined that a it is not kept as agreed. The new appointment. Three |
|-------------|---|--|--|
| nitial here | payments and deductible will insurance company and are obenefits, and estimate your coexactly as estimated. Any rem to your benefit to understand your company. You are responsible insurance company pays its portion your insurance plan is a negot company with varying benefit been negotiated. For outstand your insurance company to en | ur insurance claim electronically on be estimated based on the information at the time of service. We'll do a sts; however, it's not a guarantee the aining balances after claims are payour plan. Our relationship is with your for all fees associated with your coortion. Often insurance companies a packages. Our office is unaware of balance of the processing. If payment isn't reponsible for paying the balance. | ation provided by your pur best to determine your mat your insurance will pay aid, are your responsibility. It's bu, not your insurance will reduce or deny benefits. Oyer and the insurance of what particular details have that you personally contact |
| | of diagnosis /examination. Be the diagnosed treatment plan treatment is delayed. Treatme | on Dates: Fees quoted are good for aware that the proposed treatment once treatment begins due to unform plans are only an estimation of trans, the fee change is effective immediate. | t plan can shift or change from oreseen circumstances, or if reatment. If your insurance |
| | you may qualify for, through C like us to assist you with your ap | available either zero or low interest are Credit. If you would like additio oplication, please ask. Alternatively the privacy of your own home. | nal information or you would |
| | | to the above terms. I authorize my insuran It any balance that is not paid by my insur | |
| | Patient's signature | Print name | |