

Hot Smile, LLC Financial Policy Agreement (revised April, 2016)

Here at Hot Smile, LLC, we are dedicated to providing you with the highest quality of dental care possible. In order to fulfill your dental needs, this agreement was drafted to clarify your financial responsibilities.

Private, Self-Pay Patients Without Insurance Benefits

As a self-pay patient, you are responsible for the entire cost of your treatment, less any discounts provided by Hot Smile, LLC. Full payment is due at the time of service.

Patients With Insurance Benefits

Dental insurance and medical insurance are NOT the same. While medical insurance can provide medical benefits exceeding \$10,000 USD, the typical MAXIMUM dental insurance benefit is usually between \$500-\$2000 USD each year. With this in mind, please be aware that, beyond dental check-up appointments, your dental insurance benefit is usually very low compared to the total cost of your entire dental treatment. Insurance companies are often very particular regarding what services they will cover and will not always cover every service that is recommended by your doctor.

We will send your claims to your insurance company and accept payment directly from them whenever possible. However, you are responsible for the remainder of your bill that is **not** covered by your insurance benefits.

As a courtesy to you, we will send a predetermination to your insurance company (at your request) to give you a better idea of what your copay will be, but please keep in mind that this is an estimate, **NOT** a guarantee of payment by your insurance. Please be aware that some, if not all procedures listed in your predetermination, may ultimately be denied by your insurance company.

After service is rendered and your claim has been sent to your insurance company, we will correspond with your insurance company on your behalf to verify that your dental claim is being processed. We highly suggest that you, also, contact your insurance company to check the status of your dental claim.

Also, keep in mind that some dental insurance policies will only assign payment to the policy subscriber (which will be you, if you are the employee/ individual who has taken out the policy). If you have such a policy, you will be responsible for full payment at each appointment. Any payment by your insurance company will be sent directly to the subscriber of your policy, NOT to our dental office.

Please remember that you, the patient (or legal guardian trustee), is ultimately responsible for your account with Hot Smile, LLC. Your insurance company is only a third party benefit provider. The balance of your account is your responsibility, and **NOT** the responsibility of your insurance company.

All Patients

A **\$50.00 USD/per each half-hour scheduled broken appointment fee** will be charged to your account if you cancel or miss an appointment without 48 hours notice.

Except for dental check-up appointments, a downpayment is due **at the time of scheduling** and is non-refundable if the appointment is not cancelled within 48 hours. If, at anytime after treatment has begun, you choose to discontinue treatment, a prorated fee will be refunded to you for the work completed thus far.

Delinquent accounts (30 days or older) are subject to a monthly finance charge.

Collection Proceedings: We want to avoid any possibility of collections on your account. In the event your account is turned over to a collections agency, you will be responsible for any collection costs, attorney fees, etcetera, in addition to your balance, and you will no longer be eligible for any future promotions or discounts.

By signing this agreement, I acknowledge that I fully understand the Hot Smile, LLC policies explained within this agreement, and I agree to abide by said policies.

Patient Name _____ Birthdate _____

Patient Signature _____ Date _____

Office Representative _____ Date _____