



Fort Wayne Smiles, PC, Financial Policy

Welcome to our practice. We are honored you have chosen us as your dental team. In order to effectively serve you; we want you to be aware of our financial policies. We encourage you to discuss any questions you may have about these policies.

1. A current dental benefit card must be presented at each appointment if not on file. Should you forget your card, payment in full will be expected at the time of service.
2. It is your responsibility to know and understand your dental benefit and what it covers, and your plan booklet, human resource manager or dental carrier can provide that information to you.
3. We are happy to submit your claim for services rendered to your dental benefit carrier. At each appointment, you are responsible to pay for your deductible, for non-covered services or for any co-payment your plan requires. In the event your plan fails to cover submitted treatment, you are responsible for your balance.
4. If your dental carrier only sends checks to you directly, such as Delta Dental, payment in full is due at the time of service.
5. For your convenience, we accept cash, checks with proper ID, Visa, MasterCard and Discover. For extended treatment, we offer a variety of payment options.
6. Accounts over 60 days from date of service accrue 1.5% per month interest. Accounts over 90 days are sent to a professional dental collection agency.
7. Treatment of Minors: We realize many families are in a state of change. Divorced, separated, single parents and blended families are now common. In many of these families, the question of who is financially responsible for the child's care can be complicated. The parent or individual who brings the child to the appointment is responsible for payment for that appointment.
8. If your dental carrier requires an additional report about your treatment, we will be happy to provide it. Due to the time involved, an administrative fee of \$5 for each report will be payable at report's completion.
9. Returned checks: If your check is returned for non-sufficient funds, we will contact you to request a cash payment of your account. Due to handling fees and bank charges, an NSF fee of \$35 will be due for each returned check.

I have read, understand and agree to the above financial policies of Fort Wayne Smiles, PC.

Patient Signature _____ Date _____

Printed Name _____