



## Financial Agreement for Insurance Patients

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The following is the financial policy for Care Smile Dental patients with dental insurance. A printed copy of this will be given to each patient.

Care Smile Dental accepts assignment of dental insurance benefits. This means you must sign the portion of your insurance payments over to our office, or pay in full the day of service and have the insurance pay you directly.

Please read carefully and initial the following:

\_\_\_\_ Most dental insurance policies do **NOT** cover **100%** of the cost of your treatment. We encourage you to think of your insurance as more of a coupon toward your treatment. You will be responsible to pay the deductible, if any, and your co-pay the day service is rendered. We will estimate as closely as possible what your co-pay will be, but until we receive payment from your insurance, **it is only an estimate.**

\_\_\_\_ We will assist you in dealing with the insurance company, but ultimately, the responsibility lies with you. If after 45 days the insurance still has not paid, the balance will be your responsibility and due in full.

### **If applicable:**

**Minor patients** must be accompanied by an adult. The parent or legal guardian will be responsible for any payments. For unaccompanied minors, non emergency services will be denied unless charges have been pre-authorized to an approved credit plan, credit card, or payment by cash or check at the time of service.

## **Missed Appointments**

Unless cancelled at least 24 hours in advance, you will be charged a \$50 fee. Last minute cancellations and no-shows are a problem for us since we can only see one patient at a time. Please help us provide you better by keeping your scheduled appointments.

I have read and understand the financial agreement and agree to the terms therein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_