

SMILEMAKERS FAMILY DENTAL GROUP

FINANCIAL ARRANGEMENTS, YOUR DENTAL INSURANCE, OFFICE TERMS & PROCEDURES

We are committed to providing you with the best possible dental care. If you have dental insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding our payment policy. We will be happy to help you process your insurance claim form by submitting ONE FORM for each of your dental visits. In order to do this, we must have an original form from your company on file, filled out completely and signed by you, as our computer system will file subsequent claim forms either electronically or by hard copy. Infrequently, however, insurance companies return forms for further explanation and resubmission. For this reason a \$5.00 fee will be levied for resubmission due to any error which is not ours. You can eliminate this fee by submitting your own claim form the second time, after paying the insurance part in advance.

Co-payments for services rendered are due at the time of these services unless an approved payment plan has been previously arranged by our staff. Your treatment coordinator will be glad to assist you in the completion of all accepted payment arrangements. For your convenience this office accepts cash, checks, MasterCard, Visa and Discover. For your convenience we will ESTIMATE THE AMOUNT OF THIS COPAYMENT IN ADVANCE AND REQUEST ITS PAYMENT IN FULL AT EACH VISIT. If there is a discrepancy at the end of treatment, we will either refund any overpayment or bill you for the balance. This amount will be due upon receipt of the statement. Please note that because of the large number of insurance companies, our ESTIMATES ARE SUBJECT TO ERROR AND NOT AN ACTUAL AMOUNT, BUT AN APPROXIMATE AMOUNT OF YOUR TREATMENT COSTS.

Returned checks will be subject to additional collection fees of \$25.00. Balances older than 30 Days will be subject to finance (interest) charges of 1 1/2% per month (18% annualized.) Because we consider your time as valuable and schedule appointments for your care only, we expect you to return the considerations. THEREFORE, A MINIMUM FEE OF \$25.00 WILL BE LEVIED FOR BROKEN APPOINTMENTS AND APPOINTMENTS CANCELLED WITHOUT 24 HOURS NOTICE.

We must emphasize that your INSURANCE IS A CONTRACT BETWEEN YOU, YOUR EMPLOYER AND YOUR INSURANCE COMPANY. We are not a party to that contract, except on a few chosen participation plans (capitation plan, etc.)

Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. "UCR" is a term defined as the usual, customary and reasonable fees for a certain region. In determining this fee survey, offices such as "discount clinics" are included and this affects the average. We consider our fees to be Usual, Customary and Reasonable. We realize that temporary financial problems may affect the timely payment of your account and when notified of any problems will be happy to work with you in the payment of your account. Any account with no payment activity for 60 days, will be turned over to collection for legal remedies.

In signing this form I consent to the treatment of my child by a licensed dentist or hygienist of Smilemakers Family Dental Group even in the event I am unable to be present at the scheduled time of the appointment. Any unforeseen circumstances that may occur during this treatment, I request that it be remedied to the best judgement of the dentist involved.

SMILEMAKERS strives to provide perfection and satisfaction, which is why we are happy to stand behind all our dental work. However, we also expect you to stand behind your commitment to maintaining good oral hygiene by having your teeth professionally cleaned by our hygienist every six months (plus or minus 15 days.) We will stand behind our sealants, white and silver fillings, crowns and fixed bridges for a period of three years. Our pledge for endodontic therapy (root canals) is for a period of one year unless appropriate restoration (crowning of the tooth) is performed and then it will extend to three years. WE WILL NOT STAND BEHIND OUR WORK UNLESS YOU ARE SEEN IN OUR OFFICE FOR YOUR REGULAR SIX MONTH CHECKUPS.

I HAVE READ THE ABOVE AND AGREE TO THE TERMS OUTLINED.

SIGNED _____

DATE _____