

# All Smiles NW

## FINANCIAL POLICY

Thank you for choosing All Smiles NW for your dental needs. Our office is committed to providing you and your family with ideal and comprehensive preventive dental care to help keep your teeth for a lifetime of healthy smiles. We want you to feel welcome and as comfortable as possible throughout your treatment. You, as our valued patient, should be involved in making your treatment decisions by understanding your dental treatment options as well as your appointment and financial obligations. Our goal is to earn your trust and confidence, and to become your lifelong dental care provider. We are always available to answer your questions or assist you in any way.

### **REGARDING PAYMENT:**

**All payments, including co-pays and deductibles, are due at the time of service.**

We accept the following forms of payment: Cash, Check, Visa, MasterCard, & Care Credit.

The parent/guardian that accompanies minor child(ren) to the appointment is responsible for any payment due. For unaccompanied minors, non-emergency treatment will be postponed unless previous arrangements have been made.

All balances remaining after 30 days will incur a finance charge at 12% APR. Accounts that are 60 days past due will be referred to a third-party for collection.

### **MONTHLY PAYMENT OPTIONS:**

Upon approval of credit, Care Credit provides affordable monthly payment plans. There are many payment options to choose from. Please ask our receptionist for information and an application; or you can go directly to CareCredit.com.

### **REGARDING INSURANCE:**

As a courtesy to our valued patients, we are happy to process and coordinate insurance claims on your behalf to assist you in maximizing your benefits. We do our best to estimate your insurance portion. **The patient portion we collect at the time of service is based on this estimate and may require further adjustment to your account.**

Please note that your insurance policy is an agreement between you and the insurance company, and you are responsible for balances due. Once again, we are committed to providing the ideal and comprehensive preventive dental care to our patients and will not allow varying levels of insurance coverage to compromise our dental care for our valued patients.

### **APPOINTMENTS AND CANCELLATIONS:**

We reserve a specific amount of time and resources exclusively for you. Thus, we require that you provide **2 business** days prior notice to reschedule or cancel your appointment to avoid a **\$75** fee.

**I have read and understand the above financial policy.**

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Patient Name (Please Print)

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Date

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Patient / Guardian Signature