

OTTAWA SMILES DENTAL FINANCIAL POLICY

Thank you for choosing us as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy which we require you read and sign prior to any treatment.

All patients must complete our Patient Information and Insurance from before seeing the doctor.

- FULL PAYMENT IS DUE AT TIME OF SERVICE
- WE ACCEPT CASH, CHECKS, VISA OR MASTERCARD
- WE OFFER EXTENDED PAYMENT PLANS WITH PRIOR CREDIT APPROVAL THROUGH APPROPRIATE LENDING INSTITUTIONS
- 5% PRE-PAY SAVINGS, PAID 1 WEEK PRIOR TO SERVICE

To our patients with Dental Insurance, you are most fortunate, please read the following regarding insurance reimbursement:

This office is happy to cooperate with families who are covered by dental insurance. We ask only that you read YOUR policy to be sure that you are fully aware of any limitations of benefits provided.

DENTAL INSURANCE IS DESIGNED TO REDUCE THE COST OF CARE, BUT NOT ELIMINATE IT ENTIRELY.

We will gladly complete forms pertaining to your claim. This involves a great deal of paperwork, but we are happy to provide this service, because we realize how important it is for our patients. We accept direct insurance payments from most major dental insurance carriers. We ask that you remember – we have no control over what will be covered or the length of time the insurance company takes to process the claim. Since your dental insurance is a contract between you and your insurance company, the ultimate responsibility rest with you for dental charges incurred. If your insurance company has not paid your account in full within 45 days, payment in full of the balance will be your responsibility. Your co-payments (that portion not paid under your insurance plan) and deductible are due prior to/or at the time of treatment. Please feel free to discuss your dental insurance coverage with us.

Adult Patients:

Adult patients are responsible for full payment at time of service.

Minor Patients:

The adult accompanying a minor and parents (or guardian of minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, major credit card, or payment by cash or check has been verified at the time of treatment.

Missed Appointments:

We respect your time and ask that you respect ours. When we schedule an appointment for your treatment we are reserving that time specifically for you, rendering that time unavailable to any other patient that may need our services. Please have the courtesy to inform us in advance if you are unable to keep your specific appointment time. Unless cancelled at least one business day in advance, our policy is to charge for missed appointments at the rate of \$100.00 per hour. Please help us serve you better by keeping scheduled appointments and arriving on time.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns.

I understand that where appropriate, credit bureau reports may be obtained. I have read and agree to the Ottawa Smiles Dental Financial Policy.

X _____ (Signature of Patient or Responsible Party)	_____ (Date)
X _____ (Signature of Co-Responsible Party)	_____ (Date)