



Office & Financial Policy

Thank you for choosing All Smiles Dental as your dental health provider. We are dedicated to providing the highest quality dental care in a cheerful, caring environment. We believe that each patient deserves professional and personal treatment.

We offer the following payment options:

- Cash, Check, Credit & Debit Cards
- Health Savings/Flexible Spending Account
- Care Credit

Our goal is to help you maximize your dental benefits. As a courtesy, we are happy to bill your insurance. Please remember that we can provide clarification with regard to what may be covered by your insurance, however, you are ultimately responsible to understand your policy. If your insurance company does not pay on a claim, you are responsible for the balance.

Finance charges are applied to unpaid balances. Accounts left unpaid for 90 days will be turned over to our collection attorney.

We require 24 hours notice for cancellations. You can be charged \$35 for a failed hygiene appointment and \$50/hour for a failed dental treatment appointment. (fillings, crowns, etc)

If you fail 3 appointments in a year, you will be scheduled on a same-day scheduling basis, or you may be dismissed as a patient.

I have read the information above and accept full financial responsibility for the services performed in this office. I understand that it is my responsibility to confirm dental insurance eligibility, waiting periods and benefits. I also understand that estimates given to me by this office are not a guarantee of actual insurance payment. I further agree to pay collection costs, including reasonable attorney's fees and court costs in the event I fail to pay as agreed. As a patient of All Smiles Dental, I consented for treatment, financial responsibility and release of medical information, at the time services were completed.

Patient/Parent/Guardian Signature: _____

Date: _____ Patient Name: _____