

# SMILING PATIENT DENTAL CARE

## THE SMILE STUDIO

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### FINANCIAL AGREEMENT

We are committed to providing you with excellent care and convenient financial arrangements. Our financial arrangements are based on an open and honest discussion of recommended treatment options, respective fees, and patients' financial capabilities.

Payment in full is due at the time of service unless prior financial arrangements are made. We offer several convenient payment options:

**Cash or Check**  
5% pre-payment discount for full payment of today's procedures  
Note: \$30 penalty for returned checks



**Credit Card**  
Visa  
MasterCard  
Discover



**Half up front,  
Half before completion**  
For your convenience  
\$500 minimum purchase

**0% CareCredit  
Financing**  
For qualified applicants  
\$500 minimum purchase

**Our office is committed to helping patients maximize their benefits.** Insurance policies vary greatly, therefore, we can only estimate your coverage in good faith, but cannot guarantee coverage due to the complexities of insurance contracts.

Please be aware that we will always review your proposed treatment and answer any questions related to your personal financial responsibility and insurance benefits. **We must emphasize that as dental care providers, our relationship is with you, not with your insurance company.** Please be aware that:

- Your insurance contract is between you, your employer, and the insurance company. **We are not a party to that contract.**
- Our fees are considered to fall within the acceptable range by most companies and therefore, are covered to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage (Such as 50% or 80%) of the "U.R.C." defined as usual, reasonable, and customary fees for this region. However, we cannot guarantee that our fees will always fall within this range.
- **Not all services are a covered benefit in all contracts.** Some employers and insurance companies arbitrarily select particular services that are not covered by their benefit plan.

We encourage you to read your insurance policy so you are fully aware of the benefits and any limitations that were negotiated by your employer with your insurance company.

Please acknowledge your understanding of the following by signing below:

- **Payment is due at the time services are rendered.**
- As a courtesy service to you, **we will submit your insurance claim for your direct reimbursement** using the fastest means available.
- **Cash, Check, Visa, MasterCard, and Discover Card** are always welcome.
- For your convenience, we offer financing and/or payment plan options through Capitol One and CareCredit, which provides an **array of financing options, including interest-free payments for comprehensive treatment plans.** Inquire for details.
- **Returned checks are subject to a \$30 returned check fee.**
- **Cancellations require 24 hour notice. Appointments canceled within 24 hours will be charged a \$50 missed appointment fee.**
- **No show appointments will be charged a \$50 missed appointment fee.**
- Outstanding balances **older than 60 days are subject to an interest charge of 1.5% per month.**
- **Outstanding balances older than 120 days may be relinquished to a collection agency.**

**Please feel free to contact us with any questions. We are here to help you.**

**Thank you for your commitment to our practice.** We look forward to seeing your smile and working together to provide a caring and comfortable environment for your optimal oral health care.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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