

Financial Policy

At Infinite Smiles, we want all our guests to be able to comfortably afford dental care. We proudly offer the following financial policy so that our guests have the opportunity to decide which payment option is best for their needs.

Insurance

Your insurance is a contract between you, your employer, and your insurance company. Infinite Smiles will gladly work with you to help you get the maximum benefit available to you. Most insurance plans do not cover 100% of the treatment cost. Because of this, we ask that you pay your deductible as well as your ESTIMATED co-pay for the charges on the day services are rendered. We will estimate your coverage as closely as possible, but can make no guarantees as to what your insurance will pay. We understand that dental benefits are important to our guests. After all treatment, we will promptly file and follow up on your dental claims to ensure that you receive the correct maximum benefits. We offer several financial options for your portion of diagnosed treatment so that your care is not compromised due to financial concerns.

Payment Options

1. Cash or Check (There is a \$25 fee for all returned checks)
2. MasterCard, Visa, Discover, or American Express
3. Lending Club & Care Credit: A convenient line of credit can be arranged, on approval, for your health care needs. Interest-free, and Deferred interest plans are available, as well as long term interest bearing plans.

Appointment Policy

Because we reserve time specifically for you, it is vital that we receive appropriate notice for cancellations. If you find that you are unable to keep an appointment, please call our office 48 hours in advance. Appointments cancelled within 48 of your appointment and no-show appointments will be charged a fee of \$50 per hour of the missed appointment.

For more extensive procedures, a 20% reservation fee will be collected at the time the appointment is made. This amount collected will be put toward your treatment balance. We understand that circumstances may arise when an appointment may need to be rescheduled. Please make all attempts to do so within 48 hours of your appointment. Due to the expenses we acquire in preparing for larger cases, the 20% cannot be returned if the appointment has to be cancelled and not rescheduled.

Acknowledgement of Financial Responsibility

I have read all of the above and understand that payment is due at the time of service unless prior arrangements have been made. I understand that my insurance may cover a portion of the treatment; however, I am ultimately responsible for any balance on my account for services rendered. I also understand there is a 48 hour cancellation policy for all appointments and I will be charged a cancellation fee for all appointments cancelled within 48 hours of my scheduled appointment time.

Patient full name _____ Today's date _____

Patient / Responsible party signature _____