

## **FINANCIAL POLICY**

Thank you for choosing Siloam Smiles for your dental healthcare. Please note, payment is due at the time treatment is provided, prior to being seated. Our office accepts cash, personal checks, MasterCard, Visa and Discover. Outside financing, Care Credit, is available upon request and approval.

**Please check if you would like more information about financing options. \_\_\_\_**

### ***Do You Have Insurance?***

- As a courtesy to you, we will help you by submitting your insurance claim. Siloam Smiles does provide an insurance estimate to you, however it is **just an estimate** and not a guarantee of what your insurance will pay. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.
- ***All charges incurred are your responsibility regardless of insurance coverage.***
- Siloam Smiles is committed to providing the best treatment for our patients, and we charge the usual and customary fees for our area.
- We ask that you sign this form and/or any other necessary documents required by your insurance company to instruct your insurance company to make payment directly to our office.
- We ask that deductible and co-payment be paid before treatment via cash, check, MasterCard, Visa, or Discover at the time or before the appointment is scheduled.
- At the time of consultation or when the appointment is scheduled we will request a deposit to secure the appointment.
- Insurance payments are ordinarily received within 30 days from the time of filing. If payment is not made within 30 days, we ask that you contact your insurance to expedite the process. If payment is not received or your claim is denied, you will be responsible for paying the entire balance due.
- We will cooperate with regulations and requests from your insurance company to assist in claim processing.

Treatments scheduled will require a deductible, co-pay or appointment reservation fee. This fee will be credited to your account and absorbed by the next scheduled appointment. No credit or refund will be given for no shows or cancellations made past cut-off time of 48 hours.

We thank you for the opportunity to treat your dental health care needs and welcome any questions you may have concerning your care or our financial policy.

***Please Note:*** RETURNED CHECKS will be subject to additional fees. In the case it becomes necessary for our office to enlist a collection service and/or legal assistance, you will be responsible for any collection and/or legal charges up to 35%.

### ***Consent:***

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE TERMS AND CONDITIONS. I AUTHORIZE MY INSURANCE COMPANY TO PAY MY DENTAL BENEFITS DIRECTLY TO MY DENTAL OFFICE.

\_\_\_\_\_  
**Patient Signature** (Parent if child)

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**Date**