



Financial Policy Statement

Patient Name(s): _____
Please Print _____

At Cute Smiles 4 Kids, LLC, our mission is "To provide the best quality dental care in a comfortable and compassionate environment, and to educate patients regarding oral health and preventative maintenance." In return we ask the following of you:

1. Take preventative care measures to protect your child's oral health
2. Respect our financial policy
3. Do not hesitate to ask any questions regarding treatment or our financial policy.

At the appointment you are presented with a complete treatment plan and estimated fee schedule, which takes into account your insurance coverage (to our best ability to estimate) and your estimated portions of payment. We are obligated by State regulations to be certain that before you leave the office, you fully understand the dental treatment needs, appropriate treatment options, fees involved, and financial agreements. **(A treatment estimate is not a guarantee of payment.)**

Please note that the payment is due before the start of the treatment session.

It is important for you to understand for medical or cosmetic reasons, and possibly both, once the treatment plan has been accepted by you, it is your responsibility to continue with the agreed-upon treatment at the recommended schedule. We will gladly answer questions about the treatment options until you are completely satisfied.

We are happy to assist you in receiving your maximum dental insurance benefits. Insurance payments received by this office will be credited to your account or refunded to you in the case of an overpayment. We cannot guarantee insurance carrier payments on office-generated insurance reimbursement estimates. You are responsible for all dental fees (charges) that your insurance company has not paid, for whatever reason. You will be expected to pay the full amount due (your portion) at the time the dental treatment is performed. Please feel free to call before your appointment if you would like to know your estimated portion of the fee for service. If your insurance company has not paid your account in full, the balance will automatically become your responsibility. Delinquent accounts will be charged a late fee, collections costs are also your responsibility.

In addition to accepting payments directly from your insurance carrier, financial arrangements need to be made for your co-payment. The co-payment is the difference between the treatment costs and the insurance payment. We offer three options for payment of your portion of the cost for services:

- (1) Co-payment in full due at treatment start date by cashier's check, money order, Visa, M/C, or American Express.
- (2) Care Credit is an in house finance option for those who qualify. A 0% interest rate may be available for up to 12 months with no pre-payment penalty. An application can be submitted either from our office or the comfort of your home. You can visit www.carecredit.com to learn more about this option.
- (3) Preauthorization of payment at weekly or monthly intervals through a credit card with a one time 8% activation fee.

At any time should your insurance be canceled you will be responsible for the balance of performed treatment. By signing this form you acknowledge that you have read, understand, and agree to abide by our financial policy.



Parent / Guardian Signature: _____ Date: / /

Name of Parent: _____
(Please Print — Last Name / First Name)

