


# FINANCIAL POLICY

Thank you for choosing us for your dental care. We are dedicated to providing you with high-quality, up-to-date dental services. This document outlines our financial policy to ensure you fully understand your financial responsibilities.

**Payment Policy**

**For Patients Without Dental Insurance:**

- We kindly request that payment be made in full at the time of service. We accept all major debit and credit cards and cash. We also offer financing options through CareCredit, Cherry, and Sunbit.

**For Patients With Dental Insurance:**

- We ask that you pay your estimated portion at the time of service. Please note that this is an **estimate** and not a guarantee of payment by your insurance provider. As a courtesy, we will submit claims to your insurance company. If we do not receive payment from your insurance within 60 days, the remaining balance will become your responsibility, and we request that it be paid in full. Your insurance company should mail you a copy of your explanation of benefits after processing your claims.

**Financial Planning Assistance**

We understand that everyone's financial situation is unique. Our office's Financial Coordinator is available to work with you to design a payment plan that suits your needs while aligning with our practice's policies.

**Collections Notice**

Please be aware that if your account remains unpaid and is sent to a collection agency, an additional 35% of the total bill will be added to cover the agency's fees.

**Our Commitment to Your Care**

Our primary concern is your dental health, not financial matters. We strive to make your visit to our office as convenient and comfortable as possible, and we sincerely value your trust in us.

Patient or Parent/Guardian Signature _____ Date _____

Patient Name _____

# CANCELLATION AND NO-SHOW POLICY

At SmartMouth Dental Care, our goal is to provide quality dental care to all of our patients in an efficient manner. In order to do so, we have implemented the following cancellation policy:

**Appointment Cancellation**

We understand that life happens and sometimes plans change. If you need to cancel or reschedule your appointment, we request that you notify us at least 24 hours in advance.

- **Notice Required:** 24 hours prior to your scheduled appointment.
- **How to Cancel:** Text, call or email us to cancel or reschedule.

**Late Cancellations**

Cancellations made less than 24 hours before your appointment will be considered a late cancellation. We reserve the right to charge a fee of $50 for late cancellations.

**No-Show Policy**

A "no-show" occurs when a patient misses an appointment without notice. No-shows prevent other patients from being seen in a timely manner and disrupts the schedule for our dental team.

- **No-Show Fee:** A fee of $50 will be charged for missed appointments without prior notice.

**Multiple Cancellations or No-Shows**

If a patient has 2 or more late cancellations or no-shows, a deposit to schedule future appointments will be required. The deposit will be credited towards treatment completed for that scheduled appointment, and is non-refundable.

**Emergency Situations**

We understand that emergencies can arise unexpectedly. If you experience a true emergency that prevents you from keeping your appointment, please contact us as soon as possible.

**Appointment Reminders**

As a courtesy, we provide appointment reminders via phone, text, or email. However, it is the patient's responsibility to remember their appointment date and time to avoid any fees.

Patient or Parent/Guardian Signature _____ Date _____

Patient Name _____