



Financial Policy

Our primary goal is not to allow the cost of treatment to prevent you from benefitting from the quality care you need. In our office, we strive to maximize your dental insurance benefits whenever possible.

Though your dental insurance is your responsibility, we are happy to be of service. If you have dental insurance, we can file your forms electronically at the time of your appointment, which will save you considerable time and trouble. We accept payments from most insurance companies, which reduces your immediate out-of-pocket expense. We also strive to make it easy to pay the remaining balance.

Regardless of what we may calculate your insurance company to pay, please remember that this is only an estimate, which is based on limited information obtained from your insurance company. Of course, we cannot forecast or guarantee what they will pay. If your insurance company decides to not cover your dental work, please realize that it is of no fault of Smile Spa or its staff. Unfortunately, many insurance companies will downgrade a procedure in order to pay a lesser amount. If that does occur, by signing this form you acknowledge that you will be responsible for the entire treatment fee.

Your dental insurance is not designed to pay the entire cost of your treatment, but it is intended to help cover a certain portion of the cost. In fact, better terms for dental insurance may be "dental assistance" or "dental benefits," as it does not work in the same way as healthcare insurance. If you have any questions regarding your policy or coverage, please contact your insurance company directly.

Please remember that the financial obligation for dental treatment is between you and this office, and not between this office and your insurance company. In order for us to obtain your insurance information for submitting your claim and/or discuss your situation directly with your insurance, please sign and initial below. I have read and understand the above:

 Print Patient Name

 Patient Signature

 Date

Please Initial:

X _____ I authorize release of any information relating to my claim.

X _____ I authorize payment directly to The Smile Spa.

X _____ I understand that all fees not paid by insurance are my responsibility.