

FINANCIAL RESPONSIBILITY FORM

Payment is due at the time service is provided. We accept cash, checks, Visa, MasterCard, American Express, and Care Credit. Returned checks will be subject to additional fees. If you have insurance, we will collect any deductible and estimated patient portion at the time of your appointment.

Separated and divorced couples with dependent children: It is the policy of this office to bill the parent who brings the child in for their dental treatment. If another party is responsible, please make arrangements for payment by asking the responsible party to complete a Guarantor Consent Form before dental services are rendered. We can provide a treatment cost estimate before your child's scheduled appointment.

As our dedication to service and as a courtesy to you, we will assist you in filing your insurance claims to help you obtain your health benefits. In order for our office to file your insurance claims, you must bring proof of insurance. We then estimate your payment, which is collected on the date the service is rendered. It is very important that the correct dental insurance information is provided at the time of the patient's appointment. If this information changes, it is the patient's responsibility to update Smith & Meadows at the earliest convenience. Providing insurance information to our office does not guarantee coverage or payments to Smith & Meadows.

Patients who carry dental insurance understand that all dental services furnished are charged directly to the patient and that he or she is personally responsible for payment of all dental services regardless of dental insurance. Dental insurance is a benefit for the patient provided by their employer and the contract lies between the patient, employer, and the insurance company. Our office is not a party to that contract.

If Smith & Meadows is able to accept your insurance company's assignment of benefits, the patient is still fully responsible for the charges for treatment rendered. Your insurance company MAY NOT COVER the service(s) or may only PARTIALLY cover them. Any estimate given by this office is considered a GUIDELINE until the final insurance payment is received and the patient's account is reconciled. Smith & Meadows can make no guarantee of the actual payment made by your insurance company. If the insurance company will not assign benefits to Smith & Meadows, the patient will be responsible for paying in full for treatment rendered on the date the service is rendered.

We will cooperate fully with the regulations and requests of your insurance company that may assist in the payment of your claim. However, this office will not enter in to a dispute with your insurance company over any claim. Once insurance has paid their share, a statement will be sent to you for any remaining balance and will be due upon receipt. If your insurance company has not made payment within 45 days, the unpaid balance becomes due and is the responsibility of the patient. The unpaid balance is subject to finance charges.

It is the policy of this office to keep each patient's social security number on file. If you prefer not to furnish your social security number, full payment for services rendered will be due at each appointment. Smith & Meadows will be happy to provide the patient with a form which can be filed directly to the insurance carrier for reimbursement.

We thank you for the opportunity to serve your dental health care needs and welcome any questions you may have concerning your care or our policies. Significant costs are incurred in carrying our patient's accounts. To control these costs and help keep fees down, it is necessary to adhere to these policies.

I acknowledge I have read this Financial Responsibility Form in its entirety and agree to be bound by all terms and conditions herein.

Name (Print)

Signature

Date