

Dental Patient Policies Form

Thank you for choosing Kiley A. Smith, DDS for your dental care. Our primary goal is to provide thorough dental care in a comfortable, relaxed environment. To ensure a long lasting and well-informed relationship we have listed our policies as they concern you. Please read through the following policy information and sign where indicated. Should you have any questions, please do not hesitate to ask one of our team members. Thank you.

Financial Policy

Insurance- If you have dental insurance, we will complete your insurance claim form and submit it to your insurance company as a courtesy to you. Although our office will call your insurance for a breakdown of benefits, PLEASE UNDERSTAND THAT IT IS YOUR RESPONSIBILITY TO CONFIRM AND MAINTAIN CURRENT COVERAGE WITH YOUR INSURANCE AND NOTIFY THE FRONT DESK OF ANY CHANGES 48 HRS BEFORE YOUR APPOINTMENT TIME. OUR OFFICE DOES NOT GUARANTEE PAYMENT OR COVERAGE BY YOUR INSURANCE POLICY. IN THE EVENT THAT YOUR INSURANCE DOES NOT COVER A PROCEDURE, PATIENT BECOMES FULLY FINANACIALLY RESPONSIBLE FOR TREATMENT COMPLETED.

Payments- Upon completion of your dental appointment, the front desk staff will produce an invoice outlining the estimated costs. You will be expected to pay for the services provided at the time services were rendered.

Forms of payment- Cash, Check, VISA, Master Card, Discover, American Express, Debit and Care Credit

NSF Checks- If we receive a check returned to us for insufficient funds, the following would occur: 1. A \$20.00 charge will be applied to your account. 2. You must clear the account promptly by paying with cash, certified check, money order or credit/debit card. 3. Your privilege to write checks in our office may be jeopardized.

Collections- Should it be necessary to turn your account over for collection, you will be held responsible for any additional collection or attorney fees.

Scheduling Policy

Rescheduling or Canceling Appointments- The office requires that you inform us if you need to reschedule or cancel at least 48 hrs prior to that appointment. We accept cancellations on the answering machine or email.

Appointment Confirmation- We will attempt to reach you by using our automated reminder system, reminder card, email, text message or telephone prior to your appointment. We ask that you please reply in some form to let us know you will be making your scheduled appointment. If we have not received confirmation 24 hrs prior to your appointment time, we reserve the right to give your treatment time to another patient.

Missed and Late Appointments- You appointment time has been reserved especially for you at exclusion of others who may be waiting for an appointment. If you miss your appointment and we do not receive at least 48 hrs prior notice there will be Cancellation or No Show fee with a minimum \$50 charge for a prophy appointment and a \$75 an hr for a treatment appointment which includes SRP (Deep Cleaning), Fillings, Crowns, etc. If you arrive late, we may not be able to see you for that appointment.

I HAVE READ AND AGREE TO ALL POLICIES ABOVE

Print Name

Date

Patient/Guardian Signature