



Financial and Appointment Policy

Thank you for choosing us as your dental health care provider. We believe that all patients deserve the very best dental care we can provide. We also believe that everyone benefits when specific financial arrangements are agreed upon. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy which we require that you read and sign prior to any treatment. All patients must complete our information and insurance forms before seeing the doctor.

FULL PAYMENT IS DUE AT TIME OF SERVICE. WE ACCEPT CASH, CHECKS, VISA, MASTERCARD, DISCOVER, AND AMERICAN EXPRESS CREDIT CARDS, AND DEBIT CARDS. WE ALSO OFFER CARE CREDIT WHICH IS AN EXTENDED PAYMENT PLAN WITH PRIOR CREDIT APPROVAL.

Regarding Insurance

We request that any co-payments, deductibles, and any services known not covered by your insurance plan be paid at the time the service is provided. Any amount not paid by your insurance company is your responsibility. We cannot bill your insurance unless you bring in all insurance information at your initial visit. As a reminder your insurance policy is a contract between you and your insurance company. If your insurance company has not paid your account in full within 45 days, the balance will automatically transfer to your account. Please be aware some and possibly all of the services provided may be non-covered services and not considered reasonable, usual, customary under the terms of your dental and/or medical policy. These assessments are made by insurance companies based largely on financial models and not based on actual clinical judgement.

Patients

Adult patients are responsible for full payments at the time of service. The adult accompanying a minor and/or the parents (or guardians) are responsible for full payment at the time of service. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, credit card, or payment by cash or check at the time of service has been verified.

Payment Plans

Pittsboro Smiles Family Dentistry has partnered with Care Credit, a patient financing company, to offer our patients 0% interest not associated with our office.

Returned Checks

There is a \$35.00 charge for all returned checks to our office. Your bank may also charge you additional fees not associated with our office.



PITTSBORO SMILES

FAMILY DENTISTRY

Missed Appointments

Unless cancelled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of a normal office visit (\$75.00). Please understand that missed appointment times are valuable to those patients that may find it hard to come to the dentist at other times. Please help us serve you better by keeping your scheduled appointments.

Refunds

Refunds for and final overpayment will be sent after all treatment is completed and insurance payments have been applied.

Collections

Any account that has not received payment in 60 days will be handled over to a collection agency that will pursue the responsible party for reimbursement. This will negatively impact your credit history and limit the treatment you can receive at our office. Thank you for understand our financial policy. Please let us know if you have any questions or concerns. We look forward to providing the highest quality dental care in a relaxing and caring atmosphere.

I have thoroughly read the Financial Policy. I understand and agree to this Financial Policy.

Patient Name: _____

Patient/Guardian Signature: _____