

*Amazing Smiles*  
*Henry A. Long, Jr. D.D.S.*  
*5454 Cypress Street*  
*West Monroe, LA 71291*

**Office Payment Policy**

The following is an outline of our office payment policies. Please acquaint yourself with them and then sign below to acknowledge your understanding and acceptance of them.

**FEES**

Please feel free to discuss our fees with us at any time. Before any dental treatment begins, the patient and/or responsible party will receive a consultation regarding treatment plan and cost. We attempt to keep our fees at a fair level that reflects the quality of care provided in our office. Prompt payment will enable us to keep our fees lower for everyone; therefore, **payment is due at the time services are rendered**. For procedures that take multiple appointments to complete, payment may be split up over the number of appointments required.

We accept cash, check (returned check fee \$25.00), Visa, MasterCard, Discover, and American Express. We also offer financing options through Care Credit or Wells Fargo with no interest up to 12 months.

**INSURANCE**

As a courtesy to our patients with insurance, we will file your insurance claim and allow you to pay only your deductible and/or estimated co-payment as services are rendered. Please remember that the contract is between you and your insurance company, and **your total balance in our office is always your responsibility**. We make every effort to give you an accurate estimate of what your portion of our fees will be, based on information provided to us. However, we have no way to guarantee the actual terms of your insurance policy. If for any reason there is a balance remaining after your insurance company's payment, you will be sent a statement. Disputes regarding reimbursement or the amount of reimbursement are between you and your insurance carrier.

**PAST DUE ACCOUNTS**

Account aging begins the day your charges are incurred. Accounts that are ninety days past due will be turned over to a third party collection agency. This action will cause an additional fee of 45% of our unpaid balance to be added to your account. We dislike doing this and will do so only if all other efforts to collect your unpaid balance have failed.

Once an account is turned over to collections, we will ask you to seek the services of another dentist and will no longer take responsibility for your family's dental care.

### **OVERVIEW**

I understand that I am responsible for my balance with Amazing Smiles, including under the following circumstances:

- 1) The treatment goes over my insurance company's maximum benefit.
- 2) My insurance company denies treatment.
- 3) I am not eligible for insurance.
- 4) The insurance benefits are less than what was indicated by estimation of Amazing Smiles
- 5) I prevent or delay payment by not complying with requests for insurance forms and signatures.
- 6) I do not complete my treatment and it results in non-payment by my insurance company.
- 7) Lab costs are incurred due to my failure to appear at my appointments.
- 8) I RECEIVE MY INSURANCE CHECK AND DO NOT SEND IT TO AMAZING SMILES.**

**I HAVE READ AND UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES NOT PAID BY MY INSURANCE COMPANY.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_