

Smile Creations Dental Practice Services Policy

WELCOME TO OUR PRACTICE

We thank you for allowing us to serve you with your health care needs. We are dedicated to providing you with individual attention in order to create a beautiful and healthy smile. As a new patient, we will perform a comprehensive exam including dental radiographs and a visual exam. After your examination Dr. Tsui will go over the details and together we will customize a plan that fits your individual needs. You will also receive a written estimate of the recommended treatment.

OUR FINANCIAL POLICY

Payment is due at the time services are rendered. As a form of payment we:

1. Accept cash, checks, Mastercard, and Visa.
2. We work with a dental financing company who can, upon approval, finance your dental treatment. Please ask us about this service so that we can assist you. If you choose to finance your procedure(s), a 10% administration fee will be added to the total cost of the financed procedure(s).
 - We have a returned check policy of \$35.00 for any returned checks.
 - Accounts are considered past due after 60 days and are subject to interest being added to the balance at the rate of 1 ½% per month (18% annually).

PATIENTS WHO ARE MINORS

Payment of service for treatment of minors is the responsibility of the adult who is accompanying the patient. Payment can be made by one of the above payment options.

INSURANCE

As you may be aware dental insurance does not always cover the full cost of your treatment. In these instances, our patients are responsible for financing some of, or all of their dental treatment themselves. If you desire our office to bill your insurance company, you will need to provide us with the necessary information in order to process the insurance claim. Policies vary and we strive to help you get the maximum benefits from your insurance. Please keep in mind that you are responsible for your total dental treatment plan costs should your insurance benefits result in less coverage than anticipated. We allow up to 60 days to receive payment from your insurance carrier. At the end of 60 days the entire balance is due and payable in full by you. Your insurance policy is a contract between you and your insurance company. As a dental care provider, we are not a party to that agreement. We require payment of your estimated portion at each visit. ***You are responsible for any Co-payment and/or deductibles as well as outstanding balances.***

MISSED APPOINTMENT

Our policy is to charge for missed appointments unless cancelled or rescheduled at least 48 hours in advance. In certain cases, we will let you know if we require 5 days advanced notice. A missed appointment affects you, the doctor, and the patient who was unable to obtain an appointment because the doctor's time was reserved for you. This policy helps us to serve the needs of all our patients.

LATE APPOINTMENT

If you are **15 minutes late** to your appointment, we may not be able to see you as the appointment time is reserved specifically for your procedure.

HIPAA

All patient information is kept private and strictly confidential per the Health Insurance Portability and Accountability Act (HIPAA). I give my consent to have photos taken which may be used as anonymous before and after examples or to communicate with the dental laboratory. I give my permission for Smile Creations Dental Practice to leave a detailed message on my answering machine/voice mail/or with the person answering the phone regarding future appointment dates and times.

I understand and agree to the information detailed in this document.

Printed Name

Patient Signature

Date