



**8326 N. Saginaw Road  
Mount Morris, MI 48458  
(810) 687-5040**

### **OFFICE POLICIES/DENTAL INSURANCE/PRIVATE PAY**

Our entire staff is committed to providing you with the best possible care utilizing the most modern techniques and materials available. We want every patient to be aware of what is needed, what options are possible, and the costs involved before treatment begins. Part of the service we offer is explaining what we can do financially to make our services readily available.

#### **FINANCIAL POLICIES**

Our office financial policy is designed to offer options to meet our patients' needs, and still allow us to hold our costs and fees down as much as possible. Payment is expected at the time of treatment. If your treatment involves more than one visit, your fee is expected at the first visit. We accept cash, checks, VISA, MasterCard, Discover, American Express, and Care Credit. If you have dental insurance, we will submit your forms as a service to you. Any copays or deductibles must be paid at the time of treatment. Please direct any financial questions or concerns to our receptionist prior to treatment.

#### **PRIVATE PAY OPTIONS**

Payment is due at each visit when services are rendered.

If payment in full is not convenient for you, we offer a monthly payment plan called Care Credit. Approval for Care Credit only takes a minute, and we will be glad to process your application immediately. There is no cost to apply, and it offers interest-free options for those who qualify.

#### **DENTAL INSURANCE**

Dental insurance is a benefit that your employer provides for you, or you are providing for yourself. The quality of the selected plan will determine how much of our fees will be covered. Our staff will do their best to determine your coverage for you. Please note that the plan is a contract between yourself and the insurance carrier, and not with our office. All fees are the responsibility of the treated patient, or their guardian.

#### **WHAT TO EXPECT WITH YOUR INSURANCE**

If you have dental insurance, you will pay your **estimated** copay at the time of treatment. Our office collects the estimated copay based on the information that is available to us. Three to five weeks following treatment, our office will receive a check from your insurance company. If there is a balance due, we will send you a statement that shows a balance due date. **\*\*\*ALL BALANCES THAT HAVE NOT BEEN PAID WITHIN 90 DAYS BY YOUR INSURANCE WILL BE TRANSFERRED TO YOUR ACCOUNT.\*\*\***

**FEE REDUCED TO "USUAL CUSTOMARY AND REASONABLE"**

Due to contract limitations on the dental plan your employer purchased, your carrier may pay for a service at a given rate that differs from ours. Different insurance companies will have different determinations of what they call usual, customary, and reasonable. Your insurance will then only pay a percentage of their fee, and you would be liable for the difference. Many insurance carriers accept our fees as usual, customary, and reasonable (UCR).

**DIVORCED PARENTS/SEPARATE HOUSE HOLDS**

Divorced parents bringing a child to an appointment are solely responsible for all needed information, and all fees incurred during each visit. Parents will not be billed separately.

**BROKEN APPOINTMENTS & CANCELLATIONS**

Our office requires a **24 hour** notice to cancel, or reschedule appointments. Repeated broken or cancelled appointments with less than a **24 hour** notice may result in a **\$50.00**.

Returned checks will be subject to a \$50.00 NSF fee. If you have any questions about our office policies, or any uncertainty regarding insurance coverage, please don't hesitate to ask. We are here to help you!

Thank you for trusting us with your smile!

Sincerely,

OmniSmiles

**\*\*\*I HAVE READ THIS FORM AND ALL MY QUESTIONS HAVE BEEN ANSWERED\*\*\***

Print Name: \_\_\_\_\_

(Patients Name, or Childs name if Minor)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Patient Signature OR Parent/Guardian Signature)