



## Financial Policy

Welcome to Contos Smile Center! We would like to take a moment to outline our office policies with regards to payment for services rendered. Payment is due at the time of service for all patients. For your convenience we accept Visa, MC, Discover, American Express and Carecredit. A \$35 service charge will be assessed on all returned checks.

## Your Dental Policy

We are committed to helping you maximize your dental benefits. We will file your claim as a courtesy and provide an estimate of basic coverage, *however it is not a guarantee that your insurance will pay exactly as estimated*. Insurance coverage is subject to limitations, exclusions, waiting periods, frequency, age restrictions, deductibles and maximums. Any questions regarding your coverage should be directed to your employer as they have specifically designed this plan for you.

Individual policies (not through an employer/group) generally pay at a much lower reimbursement rate than group policies with more exclusions and are often subject to waiting periods. It is YOUR responsibility to know those exclusions and waiting periods.

**We are in-network providers with Aetna, UHC (not PPO20), Delta Premier, Ameritas, DHA, United Concordia, Guardian, Humana, Cigna and Principal.** We are considered out-of-network with all other carriers.

I authorize all benefits be payable to Contos Smile Center and I agree to release any and all information necessary for the dental office to process claims and release information and payment of my dental benefits directly to this office.

- I understand I am financially responsible for charges incurred, regardless of insurance coverage.
- By signing this form I authorize Contos Smile Center to process credit card transactions initiated by me and I authorize my credit card institution to pay.
- I understand that should my account become delinquent that I will be responsible for any collection fee's, legal fee's and any other charges incurred to collect this account. I grant permission for you to contact me regarding my account.

## Appointment Policy

Your time is valuable! As is ours, please remember that an appointment in this office is a contract of time between you and this office. Our office requires a minimum of 24 hour notice of your inability to keep your scheduled appointments. Should this notice not be received, there will be a charge of \$50.00 assessed to your account. Multiple missed appointments may result in dismissal from the practice.

\_\_\_\_\_(initial) I understand that Contos Smile Center requires 24 notice of all cancellations

*I have read and understand the above Financial and Appointment Policies. I have had the opportunity to ask any questions. I understand that by signing this document I agree to all terms within.*

Print Patient Name: \_\_\_\_\_ Signature of Patient or Legal Guardian: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Date: \_\_\_\_\_