



Andrew B. Hamilton D.D.S. & Dr. Gregory R. Smith, D.D.S.  
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**OFFICE FINANCIAL POLICY**

**Our mission is to deliver the finest, most cost-effective health care treatment available today.**

**Payment is due at the time services are rendered.** For your convenience we accept cash, personal check, Visa, MasterCard, and American Express. We also offer convenient options through Care-Credit.

Insurance benefits are determined by your employer and not your dentist. **Any deductible, co-payment amount and estimated patient portion will be due at the time of treatment or within the realm of your signed financial agreement with our office.** **Insurance is not a guarantee of payment;** insurance companies may not pay for all of your costs. Your insurance policy is a contract between you and your insurer. It is solely your responsibility to know your dental benefits. Treatment plans provided to patients at time of visit are considered a verified estimate, and are not a guarantee of payment by the insurance company.

As a courtesy, we will be glad to file your claim for you provided we have **complete and accurate insurance information.** You will be expected to pay for services rendered if the office is unable to verify your insurance information prior to treatment. If payment for services already rendered has not been paid within 30 days, either by you or your insurance company, the remaining balance for treatment is considered due and collectible. Should additional means of collection become necessary, all costs of collection, including attorney fees, court costs and collection agency fees (35% standard collection/ 50% legal collection) will be added to your existing balance. Your cooperation with this policy will assure equitable treatment of insurance and non- insurance patients.

**If payment for services already rendered has not been paid in full within 90 days, either by you or your insurance company, the full/ remaining balance for treatment is considered due and collectible.**

**Any account overdue for patient payment in excess of 60 days are subject to an interest fee of 7% per month.**

**A fee of \$35 may be added to your account for any returned checks.**

**Cancellations:**

- Appointments are **reserved exclusively for you.** We reserve the right to charge, and collect, fees for broken appointments, or short notice cancellations without **2 business days' notice.** A minimum of \$50 per hour may be posted to your account if an appointment is cancelled without **2 business days' notice.**

**Professional Courtesies:**

- **Senior Citizens, over the age of 65, are extended a 10% discount on services, VOID if there is insurance participation.**
- **Patients under the age of 65, not covered by an insurance plan, will have a 5% courtesy discount applied to their treatment total of \$500.00 or greater (in a single date of service), if payment is made in full prior to the treatment.**
  - **Courtesies cannot be combined and are not to exceed 10%.**

**Payment plans and financial arrangements** can be entered into for comprehensive dental treatment, prior to commencing treatment, at the discretion of the Practice Manager. The office will require a credit card to be kept on file in order to process the payments in the plan, efficiently.

*I have read and understand this financial policy.*

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PRINTED NAME

SIGNATURE

DATE