



Innovative Smiles At The Forum, P.C.

**INNOVATIVE SMILES AT THE FORUM, P. C.
FINANCIAL AND CONFIRMATION STANDARDS**

PATIENT NAME: _____

1. FINANCIAL OBLIGATIONS:

The financial obligation for dental treatment is between you and this office and is not dependent upon insurance coverage. Payment for dental services is due at the time when treatment and services are rendered. Our professional services are rendered to the patient, not the insurance company. Therefore, the patient is responsible for any applicable deductibles and co-payments at the time of treatment. Any insurance disallowance will be the patient's responsibility. If the insurance company has not paid within 45 days after the day of service, the patient will be required to pay the insurance portion and settle the claim directly with the insurance company.

2. PAYMENT OPTIONS:

Specific payment options will be discussed on an individual basis. Payment options may include cash installations based on your treatment plan, third party financing, and insurance coverage. We accept cash, personal checks, and most major credit cards including VISA, MASTERCARD and American Express.

3. INSURANCE FILING:

As a courtesy to our patients, we file insurance claims and wait for the insurance portion payments. The patient is responsible for providing proof of insurance before all appointments. If the insurance company has not paid within 45 days after the day of service, the patient will be required to pay the insurance portion and settle the claim directly with the insurer.

NOTE: (Any applicable insurance co-payments, deductibles, and any portion of the payment due for treatment and service not covered by your insurance company, are due at the time of services and treatment).

4. APPOINTMENT CANCELLATION POLICY:

We try very hard to adhere to the reserved time for our patient's appointments; therefore we appreciate it when our patients do the same. Since we reserve a place for you and other patient's on the day and time of your appointment, we ask you to please give us at least 48 hours advanced notice if you are unable to keep your appointment. Only in this manner are we able to provide the optimum treatment our patients demand and deserve.

NOTE: (Courtesy reminders are sent out via e-mail and/or phone calls one week prior and 2 days to your appointment. If requested, all reserved appointments are considered confirmed at the time your appointment is made (either by phone or in person)).

We understand there are emergencies. However, we reserve the right to bill your account \$75 or if you have a credit on your account we have the right to apply it to your cancellation fee if you fail to give 48 hours notice that you will be unable to keep your appointment. No charge for your need to reschedule provided you give us 48 hours notice. Broken appointments affect many patients.

Our team has made a promise, professionally and personally, to give you the concern, respect and care that makes our office a comfortable and pleasant place to visit. We ask that you give us enough warning so that we can treat another patient.

5. DELINQUENT ACCOUNTS:

If your account becomes delinquent and is turned over to a collection agency, additional finance charges may be applied to your account.

I am aware and accept my financial obligations and agree with the financial and cancellation policies above mentioned.

Signature: _____ Date: _____