



FINANCIAL AND APPOINTMENT POLICY

Thank you for choosing Lynnwood Smiles to provide your dental care. We are committed to providing you with the highest quality dental care utilizing only the best materials and technology available. In order to provide you with optimal treatment, each patient is treated according to his or her individual dental needs. We feel that it is very important that our patients have a clear understanding of our expectations regarding insurance, billing and payments. Please read and sign the following Financial Policy prior to your treatment. Should you have any questions, please do not hesitate to ask us for clarification.

Payment for treatment is due at the time services are rendered. We offer a 5% bookkeeping discount for our patients who pay for their treatment in full using either cash or personal check. If you have dental insurance, we will provide you with an estimate of your benefits and defer billing you for that amount for up to 45 days. You are responsible for your estimated portion at the time of service. If the dental insurance payment is less than what we originally estimated, a statement will be sent to you and payment will be expected upon its receipt. A late charge may be added to your account on any unpaid balance sixty (60) days from the date of treatment.

We are happy to submit your dental insurance claims for you. However, our office cannot guarantee payment or coverage by your insurance company. It is important to remember that dental insurance usually pays only a portion of your charges. We ask that you read your policy thoroughly and ask questions in order to familiarize yourself with the provisions of your dental plan. All incurred charges are ultimately the responsibility of the patient, regardless of insurance coverage.

For your convenience, we accept debit, Visa, MasterCard, American Express, Discover, personal check and cash as methods of payment. If you prefer a deferred or extended payment plan through Care Credit to assist you in financing your dental treatment, we are happy to discuss this option with you.

If you pay for your services by check and that check is returned for non-sufficient funds, a charge of \$25.00 will be added to your account. Your account will be considered past due and subject to collection action.

Please help us to serve you and our other patients by keeping your scheduled appointments. We do require a minimum of 48 hours notice for any schedule changes to avoid an appointment charge.

Patients that "no show" or cancel late may be assessed an appointment charge of \$75.00. This charge is your responsibility; Insurance Companies do not pay for missed appointments.

Printed Name: _____

Date: _____

Signature: _____