



**Financial Policy** - Our primary goal is not to allow the cost of treatment to prevent you from benefiting from the quality care you need or desire. We participate with various PPO plans and are happy to do a complimentary benefits check for you. We strive to maximize your insurance benefits and make any remaining balance easily affordable.

Our fees are based on the quality materials we use and the time, effort and skill required in performing your needed treatment. If we participate with your dental insurance plan, a discount will automatically be applied to your fees according to the insurance plan fee schedule. We will assist you with your benefit eligibility prior to treatment to help you calculate your costs.

Ultimately, however, you are responsible for payment regardless of any insurance companies' arbitrary determination of usual and customary rates.

We are happy to submit the claims necessary to see that you receive the full benefits of your coverage; however we cannot guarantee any estimated coverage. The insurance policy is an agreement between you and the insurance company. We ask that all patients be directly responsible for all charges. Be advised that we will do everything possible to see that you receive the full benefits of your policy by electronically filing your claim the day of your appointment. If there are any complications, we will assist you with any information you may need.

**Payment for services is due at the time services are rendered.** Returned checks are subject to a \$35.00 returned check fee.

We accept the following forms of payment: Cash, check, Visa, Master Card, Discover, Care Credit and Patient Preferred.

**Refunds** - The only refunds that will be issued are those due to overpayment. Once treatment has been started, there will be no refunds.

**Deposit Policy** - Due to the extensive amount of time our staff and Doctors devote to preparing and reserving uninterrupted time for you; reservations over 2 hours will require a deposit of \$200.00. (\$100 per hour scheduled)

**Schedule Policy** - Effingham Smiles is committed to quality care and exceptional service. Our Doctor and team members spend extensive amounts of time preparing for your visit. Broken and missed appointments create scheduling conflicts. If you find that you must change your appointment, kindly give 48 hours' notice.

**I have read and fully understand the above policies and agree to abide by these policies.**

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_