

OFFICE POLICY

Payment will be expected at the time of service for all non-contracted fees and co-pays.

Insurance contracts: If we have a "Participating Contract" with your insurance carrier, we will accept assignment on all covered services and bill your carrier for you. You are responsible for the co-pay, coinsurance, deductible, and for all non-covered services.

If your insurance is found to not be in force on the date dental services are provided, you will be responsible for the full balance based on usual and customary fees. A finance charge of 18% APR (1.5% a month) will be added to the total balance on all accounts over 60 days past due.

Third party financing is available for patients requiring extensive treatment.

If at any time you have questions regarding any treatment, fees, or services, please discuss them with us promptly and frankly. We will make every effort to avoid a misunderstanding, to rectify an injustice, or to preserve a friendship.

Missed Appointments: We request that you politely provide us with at least 24 hours advance notice of cancellations of any appointments. Excessive missed appointments without notice could result in dismissal from our practice.

Children in the office: Please make arrangements for your non-scheduled children prior to your visit. Children should not be left unattended in the reception area. All children 17 years of age or younger scheduled for treatment must have a parent or legal guardian present in the office during their appointment.

We reserve the right to dismiss any patient from our practice, as we see fit.

I acknowledge that I am responsible to pay all charges for treatment administered by Sterling Smiles Dental as outlined above and that if my account is placed with a collection agency for non-payment that I will be responsible for all collection costs, including court costs and associated attorney fees.

I have read the policies and agree with the terms outlined above:

PATIENT NAME:	DATE:	
PATIENT AND/OR GUARDIAN SIGNATURE:		