

Moore Smiles

Family & Cosmetic Dentistry

WRITTEN FINANCIAL POLICY

Thank You for choosing Moore Smiles. We are committed to providing you with the highest quality dental care using the best material and technology available in the market today. We are also committed to providing you with up-to-date information and educational tools so that you can fully participate in maintaining optimum oral health. An important part of the mission is making the cost of your dental cares easy and manageable by offering several payment options.

Payment Options

You can choose from:

- Cash, Check, Visa, Mastercard, American Express and Discover

*We offer a 5% courtesy accounting adjustment to patients that pay for their treatment in full with cash or check.

- Payment Plans from Care Credit
 - * Allow you to pay over time with NO INTEREST
 - * Convenient, low monthly payment plans are also available
 - * No annual fees or pre-payment penalties

Please Note:

All charges you incur are your responsibility regardless of insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, not your insurance company. Your insurance policy is a contract between you, your employer, and the insurance company. We can only estimate what an insurance company says benefits will be. If payment from your insurance company is not received within 60 days from the date of service, or they do not pay for the treatment rendered, you are responsible to pay the balance in full.

As a courtesy, we will help you process your insurance claims. You may direct your insurance company to pay your benefit directly to our office by signing the authorization on the Assignment of Benefits Agreement. In order for our office to file your insurance claims, you must bring a completed dental insurance form or proof of insurance to each appointment. All co-pays and/or out of pocket expenses are due at the time services are rendered.

For plans requiring multiple appointments, alternative payment arrangements may be provided. For larger, more comprehensive treatment plans of \$1500 or more, a 50% deposit is required to secure your initial treatment appointment.

Returned check and/or balances older than 60 days may be subject to collection fees and finance charges at the rate of 1.5% per month (18% annually) and any attorney fees that may apply. All accounts that are turned over to a Collection Agency will also be subject to any additional fees.

If you have any questions, please do not hesitate to ask. We are here to help you get the best dentistry that you want and need.

Patient, Parent, or Guardian Signature

Date

Patient Name (Please Print)

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APPOINTMENT AGREEMENT for MOORE SMILES

Welcome to our practice. We are honored that you have selected us for all of your dental needs and wants.

We are committed to providing quality service to all our patients.

We believe that an important aspect of delivering exceptional dental care is our patients' commitment to our practice as well.

Therefore, we request that you honor your reserved appointment as scheduled. Should you have to change your appointment for any reason, we ask that you give us 48 business hours notice.

Because missed appointments increase the cost of healthcare for everyone, should you miss two appointments in which 48 hours notice is NOT given, you may be required to pay a deposit before we reserve your next appointment. The deposit fee would then be applied to any treatment rendered, or forfeited if the reserved appointment is missed or cancelled without giving the required 48 hours notice. We appreciate your understanding in this matter.

Sincerely,

The Moore Smiles Dental Team

I have read, understand, and will honor the practice's Appointment Agreement:

Patient Signature

Date