



Office & Financial Policies

Thank you for choosing Simone Family Dental as your dental provider! To keep you informed of our current office and financial policies, we ask that you read and sign this acknowledgement prior to any treatment. Notify the receptionist if you would like a copy.

Canceled Appointments

If you are unable to keep your scheduled appointment, please call the office within 24 hours to reschedule your appointment. This allows us time to use your slot for another patient. Three missed appointments without notification will result in being discharged from this practice.

Payment

Payment will be due at the time of service. **If you are unable to pay your balance in full, you must make prior arrangements with the receptionist.** Simone Family Dental accepts cash, personal checks, Visa, MasterCard, and Discover. Payment plans are also available through a third party financing company, pending approval.

Insurance

Please bring your insurance card with you at the time of your appointment. Your insurance carrier requires that you pay all co-pays, which is the amount not covered by your insurance, prior to any services being rendered. The co-pay cannot be waived by our practice, as it is a requirement placed on you by your insurance carrier. We always strive to provide the most accurate **estimate** of what your co-pay will be, however, your **estimated** co-pay may be adjusted after the time of treatment depending upon the final reconciliation of insurance payments. If payment from your insurance company is not received within 60 days from the date of service, you will be expected to pay the balance in full.

Collection

Should you at any time find it difficult to meet your financial obligation to Simone Family Dental, we ask that you talk with our receptionist and make arrangements. In the event you are placed in collection with Simone Family Dental, **you will be charged an additional 40% on top of your balance.** At that time, you will be discharged from the practice.

Return Checks

A \$40.00 charge will be added to your account for any check returned by your bank for any reason.

Record Duplication

Patients who desire duplicates of their records will incur a \$20.00 processing fee.

Assignment of Benefits Agreement

I authorize payment directly to Simone Family Dental of the dental benefits otherwise payable to me. _____ **(initial)**

I authorize release of information to any insurance company, claim administrator and consulting health care professionals. This information will be used for the purpose of evaluating and administrating claims for benefits. _____ **(initial)**

Patient or Guardian Signature

Patient Name (Please Print)

Date