

CHARLESTON SMILES FINANCIAL AGREEMENT

Thank you for choosing our office for your child's dental needs! We appreciate the confidence you have placed in us. We are happy to help families either with or without dental insurance with the following financial guidelines.

1. For our families without any dental insurance.

Following full payment of the initial appointment, a treatment plan outlining all of your child's dental needs will be formulated. We would like to offer the following discounts for families who wish to pay for the treatment in full: for treatment plans totaling \$250 or less – 5% off; for treatment plans \$251-\$750 – 10% off; for treatment plans over \$750 – 15% off. For our families that do not wish to take advantage of the payment in full discounts, payment of that day's treatment will be required on the date of service. In special circumstances, we would be happy to discuss other available payment options.

2. For our families with dental insurance who wish for us to file on their behalf.

We will be happy to file your child's dental insurance providing we are a participating provider. For those families, please bring your insurance card and required information on the policy holder so that we can properly file your insurance. Please keep in mind that we have no control over the amount an insurance company reimburses or the dental procedures covered. Therefore it is often not possible to give you an adequate estimate on how much your carrier will cover. As a result, we require you to pay 40% of covered services and 100% of known non-covered services. Once your insurance company reimburses our office, any balance remaining will be billed to you. Likewise, any overpayment by your family will result in a refund once insurance payment is received. If your insurance company does not respond to our claim within 45 days, you will become responsible for the balance. We will send monthly statements to remind you of the balance owed. After the first statement, a rebilling charge of \$5.00 per month will be applied to your account. Balances remaining after 90 days will be referred to a collection agency. Please remember that the collection agency will also charge you on their behalf to collect payment.

3. For our families with dental insurance who wish to file on their own.

In an effort to encourage families to file their own insurance, we offer the same discounts that our families who do not have any insurance receive should they decide to file their own dental insurance and pay for their child's treatment in full. This discount represents the savings to file the insurance claims at our office. Please refer to paragraph number 1 for the discount listing.

Thank you again for entrusting your child's care to us. Should you have any questions, please feel free to contact us.

Patient's Name

Parent / Guardian Signature

Date