Healthy Smiles Family Dentistry
Financial Policy

Thank you for choosing our office as your dental care provider. We are committed to provide you the best possible care, and part of that commitment is your understanding and responsibility for the payment of your account balance.

Our basic financial policy is the following:

Full payment is due at the time of service. We accept cash, check, Visa, Mastercard, Discover, and special financing through Care Credit. Adult patients are responsible for full payment at the time of service. For minors, the parents/guardians are responsible for full payment at the time of service.

Insurance Policies

As a courtesy, we will accept assignments of participating insurance plans and will submit dental claims on the patient's behalf. We may accept direct payment from these insurance companies. We will do our best to ESTIMATE your deductible and co-pays, as well as your cost of non-covered procedures, all of which are due at the time of service. We pride ourselves in giving you the best treatment and charge what is usual and customary for the quality of treatment rendered. If you have any questions about "UCR fees," feel free to ask. Our estimates may be different than your insurance company's calculations; therefore, the amount due to our office will adjust accordingly. All services rendered are charged directly to the patient, and the patient is responsible for the account regardless of insurance coverage. You may receive an invoice from our office within 30-40 days of your treatment. The balance is due immediately, and if you have any questions you are encouraged to call the office. Accounts unpaid after 60 days are subject to a delinquent fee of $35.00. Furthermore, the unpaid balance is subject to a 1.5% monthly finance charge. The patient is responsible for all charges our practice incurs if your unpaid account must be submitted to a collections process.

Additional Terms

Unless appointments are cancelled at least 24 hours in advanced, a fee of $50.00 will be billed to your account and is non-refundable.
Returned checks are subject to applicable fees of not less than $25.00.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

Please sign below:

I have read the financial policy. I understand and agree to the terms of the financial policy at Healthy Smiles Family Dentistry

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Signature of Patient or Parent if Minor Date