



FOREST LAKE
— SMILES —

Financial Guidelines

Patients Without Dental Insurance

1. Cost of treatment is due the day service is rendered.

Patients With Dental Insurance

1. Patient is responsible for providing our office with correct and updated insurance information.
2. Patient is responsible for knowing their insurance benefits.
3. Patient is responsible for any portion of treatment cost that the insurance company does not cover.
4. Estimated patient portion is collected the day service is rendered. As a courtesy to our patients we provide a treatment plan for all recommended treatment. This treatment plan includes the estimated out-of-pocket expense for the patient. Please keep in mind that when a patient chooses to utilize insurance to help pay, we can only estimate the balance due to us.
5. When utilizing two or more insurance companies there may be a delay in determining the balance due after insurance has paid as each insurance company has 30 days to respond to any claim submitted. A claim can only be submitted to one insurance company at a time.

All Patients

1. We do not have the ability to set up payment plans. We do offer financing through Care Credit. Care Credit is a healthcare credit card that you can use to pay for dentistry. You can also utilize Care Credit at any other enrolled health, beauty, or wellness business.
2. Statements are typically mailed after all outstanding insurance claims have been processed. Statements will also be mailed quarterly to all patients, regardless of insurance claim status.
3. Finance charge of 0.5% will be assessed on all account balances not paid within 30 days of statement due date.
4. Accounts that have had three consecutive statements processed and have not had a payment will be referred to a collection agency.
5. We reserve the right to dismiss you, and any other patient associated with your account, from our practice if the account is referred to a collection agency. Dismissal means we will no longer see you as patients.

Please sign below to acknowledge that you have received this copy of our Financial Guidelines:

Patient: _____

Date: _____