

Healthy Smiles Dental Center
Financial Policy

Patients are responsible for payment of all dental treatment and services provided.

We require payment in full at the time of service. If you have dental insurance, we will file a claim on your behalf, and only your estimated copayment will be due at the appointment. For your convenience, we accept the following forms of payment:

- Cash, Personal Check, Cashier Check, Money Order, or Debit Card
- Most Major Credit Cards
- Lending Club
- CareCredit
- Pre-payments (for patients who like to plan ahead)
- 5% payment courtesy will be offered for *cash-only* payments when the charge of services rendered exceeds \$500

A 24 hour notice is requested if a change in your scheduled appointment is necessary. If notice is not given, we may request a partial or full payment in advance to reserve another appointment in our office. *After three (3) broken appointments without contact with our office, the patient will be dismissed.*

If a check is presented with insufficient funds available, a returned check fee of \$25.00 will be charged to the account and the balance must be paid within 10 days to avoid prosecution. Only payment of cash, money order, or cashiers check will be accepted. Future payments will be on a cash basis only. If not paid in 10 days, the returned check will be turned over to the Howell County Prosecuting Attorney. Payments will then be made directly to their office.

All accounts unpaid 60 days after your visit will be considered past due. The Credit Bureau of Howell County will collect delinquent accounts. Unless prior arrangements are made, you will be notified by mail that your account has been turned to the collection agency. Your payment will only be accepted by the agency, and you will no longer be considered a patient of the practice.

Patient Name & Signature of Guarantor

Date