FINANCIAL POLICY

Thank you for choosing Smile Innovations Dentistry as your dental provider. We are committed to your successful treatment. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our FINANCIAL POLICY. We require all patients to read and sign this prior to providing any treatment.

PAYMENT IS DUE AT TIME OF SERVICE

We do not offer payment plans. We will accept: Cash, Checks, Visa, Master Card, Discover and American Express. There is a $35.00 fee for all checks returned due to insufficient funds.

REGARDING INSURANCE

Our office is not a Preferred Provider (PPO) with any insurance company or policy. Your dental insurance is a contract between you and your insurance carrier and we are not a party to that contract. All patients who have BCBS or Delta Dental insurance will be asked to pay for their services in full at the time of service as those two dental insurance companies do not reimburse Smile Innovations Dentistry, they will reimburse the patient. As a courtesy we will file your claim with your insurance carrier, however, your deductible and co-pay are due at the time of service (that amount is only an approximation of what you may truly owe).

MINORS

The parent/guardian accompanying a minor is responsible for full payment at the time of service. Treatment for an unaccompanied minor must be paid for in advance or the minor will be refused treatment.

MISSED APPOINTMENTS

Unless cancelled at least 24 hours in advance, our policy for missed/failed appointments is to charge a fee of no less than $50 per hour. *For patients whose scheduled appointment may require a lengthy amount of time (such as an entire morning or afternoon) a deposit of fifty percent of the total fee may be required to reserve their appointment time. This deposit will be applied toward their co-pay or treatment cost. If the appointment is cancelled less than one week prior to the scheduled visit, the deposit will not be refunded.*

* *

I have read the FINANCIAL POLICY and agree to the terms and conditions stated in said policy. I also give consent to release any or all information to my dental insurance company.

X _____ Date _____

Smile Innovations Dentistry
4110 A Street
Lincoln, NE 68510
402-484-8444