

Aesthetic Smiles

4795 N Summit Way
Meridian, ID 83646

FINANCIAL AGREEMENT

Part of a successful dental treatment plan is a clear mutual understanding of the cost involved and the payment terms expected. We ask that you read and sign the financial policy agreement below prior to beginning treatment. We attempt to make each patient aware of the cost prior to accepting the estimated treatment proposal. We will give you an **ESIMATE** of what will be owed at the time of service including deductible, co-payments, and non-covered expenses. Please let us know if at any point you are unsure of your financial obligation.

PAYMENT IS DUE AT THE TIME OF SERVICE- We accept,

-Cash

-Check

-Major Credit/Bank Card

-5% Discount for prepayment of treatment in full

Our office also provides extended financing through a third party programs (Capitol One and Care Credit) designed to meet the needs of dental patients. Our financial administrator can review this plan with you and help you through the application process. If this option is chosen arrangements need to be made before treatment is scheduled. A good credit standing is required for financing.

DENTAL INSURANCE

Although we provide the service of filing insurance claims on behalf of our patients, the patient understands that dental insurance is a contract between them and the insurance carrier, and that the dentist is **NOT** part of this contract. It is the patient's duty to know and understand their benefits. The patient is responsible for timely payment of all dental fees regardless of coverage or yearly limitations. If your insurance has not paid within 90 days the balance becomes the patient's responsibility. Any insurance benefits paid subsequently will be refunded to the patient or, if desired, held on the account to be applied to future treatment.

Estimated insurance benefits are **ESTIMATES** only and does not constitute a guarantee of coverage or relieve the patient of their obligation to satisfy their bill in full. In order for the patients to be fully aware of the benefits their particular plan provides, they are encouraged to contact their insurance carrier and familiarize themselves with any limits, plan exclusions, and provisions. Upon request, the office will submit proposed treatment to the insurance carrier for review and a pre-estimation. (Most insurance companies need 4-6 weeks to process.)

MINOR PATIENTS

The adult accompanying a minor and the parents/guardians are responsible for full payment, regardless of court child support order. For unaccompanied minors, non emergency treatment will not be performed until financial arrangements have been made.

MISSED APPOINTMENTS

The doctor reserves appointment times exclusively with each patient. We are committed to being here to serve you and ask that you honor your commitment to us as well. The office reserves the right to charge a missed appointment fee for repeated short notice cancellations (less than 48 hours notice) barring sudden illness.

I have read and fully understand the financial Policy above. I agree to abide by the terms of this policy

Signature of Financially Responsible Party

Date