

FINANCIAL POLICY FOR TONKA SMILES

We are committed to providing you with the best possible dental care. We try to be up front and transparent about all fees pertaining to your recommended treatment. Please feel free to ask us at any time if you have any questions or concerns about paying for your dental care. Your clear understanding of our financial policies is important to our professional relationship.

INITIAL VISIT

Dental x-rays will be required in most cases, in order to provide a proper diagnosis of your dental health. Please check that your referring dentist(s) has shared all current x-rays with our office, prior to your appointment.

DENTAL INSURANCE FILING

If you have dental insurance, we will assist you by processing all dental insurance claims. It is the patient's responsibility to understand their insurance benefits and out-of-pocket expenses. As a courtesy, we process your dental claims and pre-treatment estimates. A pre-treatment estimate from your insurance company is not a guarantee of coverage. The guarantor is personally liable for all balances not covered by dental insurance. Please be aware that we cannot submit any medical insurance claims. All correspondence with medical insurance is the patient's responsibility. If you contact your medical insurance about possible medical benefits, we can assist you with dental treatment codes and x-rays.

ASSIGNMENT OF BENEFITS

I authorize the release of any information relating to insurance claims by Tonka Smiles & hereby authorize payment directly to Tonka Smiles if applicable. I understand that I am financially liable to Tonka Smiles for charges not covered by my insurance company.

PAYMENTS

Payments are required at time of treatment. For insured patients, we collect a down payment that varies by treatment needed. We discuss these fees with you before treatment. If insurance has provided us with a pre-treatment estimate, we will collect the full patient responsibility amount stated by insurance at time of service. We accept cash, check, Visa, Master Card, Discover, American Express, and Care Credit.

CARE CREDIT

Tonka Smiles accepts payment through Care Credit. Care Credit is an interest-free credit card program, pending credit approval by application to Care Credit. Please contact our office to review this program or visit www.carecredit.com.

PAST DUE ACCOUNTS

Finance charges will be imposed on accounts beginning 90 days from the date of the initial billing statement. We charge a monthly 1.5% service charge on all past due accounts until they are paid in full. Overdue accounts will be referred to a collection agency and any legal fees, costs or court fees that apply will be added to your account and become the patient's responsibility.

DIVORCE SITUATIONS

The parent who brings the child in for care will be considered the responsible party and will receive all billing statements and letters. Any court-ordered financial arrangements must be worked out between the parents of the children.

MISSED APPOINTMENTS

Specific time has been reserved for your treatment with our office. Therefore, we request advance notification of cancellations. If necessary, to cancel your appointment, please notify us at least 24 hours in advance to help serve our patients better. Patients 15 minutes late for a scheduled appointment may need to be rescheduled. For late cancellations/ missed appointments, we reserve the right to charge: • \$25 fee for recalls scheduled with a hygienist. • \$50/hour for treatment scheduled with a doctor.

I understand and will comply with the above financial policies of Tonka Smiles.

Patient/Guardian Signature: _____ Date: _____

Patient/Guardian Name (Print): _____