

# Issaquah Smile Designs

## FINANCIAL POLICY

Welcome to our office...

Thank you for selecting our office for your dental care. We look forward to making your visit pleasant. Our office and procedures have been designed to put you at ease and our staff is devoted to your comfort. We truly care about your needs and are confident that you will feel relaxed in our office. Before initiating treatment, we will discuss your case with you in detail and try to answer all your questions.

To prevent any misunderstanding, we would like to inform you of our financial policies prior to your treatment. All fees are due at the time of treatment. If you have dental insurance coverage we will be happy to file your dental claims on your behalf, but it is important that you understand all fees for services are ultimately your responsibility. Our staff will inform you of your estimated uninsured portion prior to beginning treatment. The estimated uninsured portion is due at the time of service. Once we have received payment from your insurance company any remaining balance will be due within 30 days. Balances over 30 days will be subject to a \$25.00 late fee.

We offer a multitude of payment options. We accept payment by cash and all major credit cards (Visa, MasterCard, Discover, American Express). In addition, should you be interested in longer term financing, we offer the services of Care Credit, the leading dental financing company.

Should you have any questions regarding our financial policy, please discuss them with our front office staff prior to treatment. Thank you for your efforts to take care of your oral health. You are making a great decision and we are pleased to be a part of the effort and help you in any way we can.

I have read and understand the financial policy.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient (or Guardian if patient is under the age of 18)

**A FEE OF \$75.00 WILL BE CHARGED FOR ANY APPOINTMENT THAT IS CANCELLED WITHOUT 24-HOUR NOTICE.**

**ACKNOWLEDGEMENT OF PRIVACY PRACTICES**