

Office Policy

Thank you for choosing our practice for your dental needs. Above the hustle and bustle of every workday, with all the concerns, responsibilities and pressures, we are always aware of the single most important factor to our practice...you, the patient, and honoring the trust and confidence that you have placed with us. We are committed to providing you with the best possible care. In order to help us attain this goal, please read and be familiar with our office guidelines.

Appointment/No Shows

Patients who do not show for their appointment or call to cancel with a 24-48 hour notice will be considered a NO SHOW. Please plan and commit when scheduling your appointment. Patients who NO-SHOW two (2) or more times may be dismissed from the practice and will be denied any future appointments. Patients who no show or cancel with less than a 24 hour notice are subject to a cancellation fee of \$50.00 for a hygiene appointment and \$150.00 for a Doctor's appointment. We understand that emergency circumstances may cause you to cancel within 24 hour. Fees in this instance may be waived but only with management approval.

Who is allowed in the treatment Rooms

We ask that, during scheduled treatment appointments with the Doctor (not cleaning appointments), only the patient comes back in the treatment room. No parents of young children, spouses, friends, etc. are allowed in the room when the Doctor is performing any treatment procedures (Extractions, Fillings, Crowns, etc.).

Financial Policy

The patient is responsible for payment, co-payment and deductibles at the time of service. Payment Options: 1. Cash, Check, Visa/Master Card/ American Express/ Discover 2. Insurance assignment of benefits. 3. Monthly payments through third party lenders-ask the front desk for details. (CARE CREDIT) We do not accept Medicaid, Medicare. There is a \$25.00 service charge for all returned checks. For patients without insurance, a 3% discount (5% for senior 65 or older) is given for full payment (cash or check-no credit cards) on the date treatment starts. Procedures that take multiple appointments (dentures, partials, crown, bridge) can be divided into multiple payments. Finance Charge: A finance charge of 1.5% per month (18% per year) will be applied to unpaid balances. This does not apply when are divided to accommodate multiple appointments procedures. ALL FEES ARE VALID FOR 90 DAYS FROM THE DATE ESTIMATE IS GIVEN

Due to "No Shows" we are requiring Pre payments to reserve 2 or more hour appointments. We understand Emergencies and Sickness and try to work with patients when these occur, but we cannot sit idle for 2 or more hours. We have other patients with pressing needs to accommodate.

Dental Insurance

As healthcare providers, our relationship is with you, not your insurance company. While filing of insurance claims is a courtesy that extends to our patients, if all charges are not paid by your insurance in 60 days they are YOUR responsibility; and finance charges will apply. You are responsible for all charges. It is your responsibility to know the terms of the contract with your insurance company. It is not possible for us to know the details of over 200 insurance companies that we file claims with. Not all services are a covered benefit in all insurance contracts. Insurance companies disallow a portion of charges and we have no way of knowing this until we file your insurance. Once the Insurance company process the claim and pays the claim then we know the actual payment. YOU ARE RESPONSIBLE FOR THE UNPAID BALANCE.

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******These non-covered services will be the responsibility of the patient. Estimates and Pre-Treatment estimates are "ESTIMATES ONLY" and not a guarantee. You are Responsible for any Balance on your account regardless if you have insurance or not. Carolina Smiles only gives estimates. If insurance doesn't pay any portion of the estimated amount you are responsible for the balance.******

I HAVE READ AND UNDERSTAND THE FINANCIAL/SCHEDULING POLICY OF CAROLINA SMILES AND I AGREE TO THE CONDITIONS AND PROVISIONS THEREOF.

First name - Patient

X

Last name - Patient

X

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Form History

✓
Completed

Aug 18, 2021
13:20:10 EDT

The form has been completed