

# **Prescott Smile Care**

We are committed to providing you with the highest quality of dental care utilizing only the best materials and education available. In our process of doing so, we have formulated a financial policy and radiographic policy to continue to provide you with excellent dental care.

## **FINANCIAL POLICY**

### **Payment is due at the time the treatment is provided.**

Our office accepts cash, personal checks, MasterCard, Visa, and Discover. Outside financing with Health Care Credit is available upon request and credit approval prior to your appointment.

### **Dental Insurance**

For patients that have dental insurance, we will accept assignment of dental benefits as a courtesy to you. We realize that this makes dental care more affordable to you at the time of your treatment. In order for our office to file these benefits for you, you must provide us with a completed insurance form or proof of insurance. However, your insurance coverage is estimated based on information obtained from your insurance company. All insurance companies have their own method of determining payment. There is no guarantee of payment or that they will pay the exact estimated portion. All incurred dental charges are ultimately the responsibility of the patient regardless of insurance coverage. Your estimated portion will be due at the time of treatment.

Insurance payments are usually received within 30 to 45 days from the date of billing. If your insurance has not made payment within 60 days, we will ask you to pay the balance due at that time. You will then be responsible to seek reimbursement from your insurance carrier. We will provide any form needed for you to file for your benefit.

Balances older than 60 days may be subject to a finance charge of 1.5% per month (18% annually), and/or collection fees.

I have read, understand, and agree to the above conditions. I hereby authorize my insurance company to pay my dental benefits directly to the dentist. I also authorize the dentist to release any information required to process my insurance claims.

\_\_\_\_\_  
Signature of patient/responsible party

\_\_\_\_\_  
Date

## **RADIOGRAPHIC (X-RAY) POLICY**

Our commitment is to provide our patients with the highest quality comprehensive dental care. Dental radiographs are an integral part of this comprehensive care. Dental radiographs need to be updated every 12-18 months to ensure that your dental health is being maintained.

New patients will be required to have a complete set of x-rays (pano, bitewings), or recent x-rays from another dental office. If you need help getting these sent to our office please ask for assistance.

### **Release of records**

I allow for photos to be taken of my mouth and dental work for the use of education and as a record of progress of my dental treatment.

I also allow the release of my x-rays and records to other dental and medical specialists as needed for complete comprehensive dental care.

\_\_\_\_\_  
Signature of patient/responsible party

\_\_\_\_\_  
Date