Financial Policy

Dublin Smiles, Breanne Bleakmore DDS

7215 Sawmill Rd, Suite 110

Dublin, OH 43016

Thank you for choosing our office as your dental care provider. We are committed to providing you and your family the highest lifetime dental care and would like you to have a clear understanding of your financial responsibilities associated with receiving dental care in our office. The following are key points of our financial policy:

GENERAL

- Full payment is due at the time of service unless other arrangements have been made with our office manager.
- We accept CASH, CHECK, DEBIT CARDS, VISA/MASTERCARD/DISCOVER, HSA CARDS AND SPECIAL
- FINANCING THROUGH CARE CREDIT. For more information regarding Care Credit, please visit__WWW.CARECREDIT.COM

ADULT PATIENTS

Adult patients are responsible for full payment at the time of service unless specific arrangements are made prior to, or at the start of treatment.

MINOR PATIENTS

The parent/guardian or other adult accompanying a minor is responsible for full payment at the time of service unless specific arrangements are made prior to, or at the start of treatment.

DENTAL INSURANCE

- We will accept assignment of participating insurance plans and will submit dental claims for your convenience.
- In some cases a pre-treatment estimate will be submitted to your insurance company to determine the schedule of benefits for services to be rendered.
- If you remit payment for a dental procedure that is ultimately paid by your insurance company to our office, we will refund payment to you.

ADDITIONAL NOTES

- Your insurance policy is a contract between you and your insurance carrier; we are not a party to your contract. Any insurance claim not settled within 30 days (from the time of treatment) will be due in full and remains your responsibility.
- Please be aware that some and perhaps all of the services provided may be non-covered services. Any balance, no matter what the outcome with the insurance provider, is the patient's responsibility.
- Please refer to the ADA brochure, "Why doesn't my insurance pay for this?" for additional general information on how dental plans work.

Initials:_____

USUAL AND CUSTOMARY FEES

This practice is committed to providing the best treatment for our patients in a fee range that is reasonable and customary for common dental services. However, insurance companies use a variety of methods and ranges to determine usual and customary fee rates when they offer contracts to employers.

·Any difference between the charged fee and the contracted fee is the patient's responsibility. Be assured we will do all we can to assist you in receiving the maximum insurance benefit to which you are entitled from your particular insurance contract.

PATIENT RESPONSIBILITY AND ADDITIONAL TERMS

Accounts unpaid after 60 days from the date of service may be subject to a $25 delinquent fee. Balances due beyond 90 days will begin to incur a monthly finance charge as well. Accounts that are delinquent beyond 180 days will enter a collection process which may involve additional costs such as (but not limited to) collection fees, reasonable attorney fee and court costs.

·Any returned checks for insufficient funds will incur a $40 fee. (This fee is charged to our practice by the bank for returned checks.)

BROKEN APPOINTMENTS

We are happy to work with you if you need to reschedule an appointment. The sooner you can call to reschedule, the better. Canceling or rescheduling an appointment less than 24 hours before that appointment may result in a $25 fee. Since a dental appointment requires a prepared room and staff for treatment, "no-shows" (someone who has not called to cancel or reschedule) are costly. A "no-show appointment" will result in a $25 fee.

Thank you for reviewing our financial policy. Please let us know if you have any questions or concerns.

I have read, understand and agree to the terms of this financial policy:

X_____   _____

Signature of patient   date

X_____   _____

Signature of co-responsible party (if applicable)   date