



FINANCIAL POLICY

Our mission at TexSmiles Dental is to provide you with quality dental care at affordable prices. Our doctors take great pride in the work that they do, and our office's ultimate goal is for you to be happy with the service you received.

To that end, we try our very best to give you accurate estimates regarding the cost of your treatment. The process of providing you with an accurate estimate of your treatment cost is very labor-intensive because each insurance policy has many strict rules about what they will pay for, when they will pay for it, and how much they will pay for it. We have a dedicated team that tries to interpret your specific insurance and have your treatment plan reflect those rules, but it is impossible for us to provide a 100% accurate estimate due to the complexity and, at times, arbitrary nature of claim processing by your insurance company.

Sometimes it takes over a month for your insurance company to process the claim we send to them. **It is our policy to collect the estimated patient portion IN FULL on the day the work is performed.** This amount will always be discussed with you prior to starting any treatment. The only exception to this policy is if you make other arrangements with us prior to the treatment being performed.

Despite our best efforts, you may end up with a bill from us because your insurance did not pay as much as anticipated due to the way your insurance processed the claim. **We are legally obligated to collect these payments from you as part of our participation agreement with your insurance. Therefore, you are responsible for all payments due on your account after processing the insurance payment. Furthermore, if you have a balance on your account, then you must make arrangements to pay that balance before we can perform any other work for you.**

If you do receive a bill from us, **that bill is due within 30 days from the date listed on the letter.** After 30 days, your bill will begin to accrue interest at 2% per each 30-day period that your bill is late (24% APR). **Ninety (90) days after your bill is sent, your account will be considered delinquent and will be turned over to a collections agency.** Their fee will be added to your outstanding balance and can be between 20% and 40% of the balance due. **A collections agency will report your delinquent accounts to the major credit bureaus and may affect your credit.**

If you have questions about why you owe a balance, please let us know, and we will be happy to go through the documents we received from your insurance with you.

By signing below, you acknowledge the above policies and agree to pay any and all balances associated with your account. Also, you agree that you will remit payment IN FULL on the day of treatment unless other arrangements are made prior to treatment.

Name (parent if patient is under 18)

Date

Signature



APPOINTMENT POLICY

The team at TexSmiles Dental knows that you have many choices for your dental care needs, and we appreciate the opportunity to serve you. We always want you to feel valued as our patient. For each appointment you schedule with us we must account for appropriate staffing, treatment room and doctor availability, and material preparation at specific times during our work day. We reserve specific blocks of time in an attempt to meet patient schedules and the urgency of the dental need. If you have made an appointment with us, that time has been reserved exclusively for you, and we have prepared in advance for your visit.

We do our best to seat you for your appointment on-time because we recognize that your time is valuable. You have probably taken off of work or school to be with us, so we want to minimize the disruption to your schedule. When patients do not give adequate time **(24 hours)** or just do not come to an appointment, it takes away appointment times for other patients and makes our operation very inefficient.

Therefore, effective January 1st 2019, **you MUST tell us 24 hours BEFORE YOUR APPOINTMENT TIME if you wish to reschedule or cancel your appointment. If you fail to give us 24 hours advanced notice or do not show up to your appointment at all, you will be subject to a \$25 fee. If you do not give adequate notice twice, then you must provide our office with a credit card on file in order to reserve your next appointment or you may only be able to be seen on a walk-in basis.**

Name (parent if patient is under 18)

Date

Signature