



FINANCIAL AGREEMENT

THANK YOU!! For choosing The Smile Shack for your dental needs. Our **GOAL** is to provide you and your family with the **Best Quality Care** available, while simultaneously fostering a **Great Relationship**. To make this goal a reality takes **Commitment** from **Everyone**. Here's how...

YOU CAN HELP!!

PAYMENTS

To maintain the outstanding care you receive and prevent potential misunderstandings, we ask all of our patients to agree and adhere to paying for their dental treatment at the time of service. With this agreement in place, our relationship **WILL FLOURISH!!**

WE ACCEPT:

- **CASH/CHECKS** – Patients who are self-pay will receive a **5% DISCOUNT** when treatment is paid **IN FULL** by cash or check **AT THE TIME OF SERVICE**.
- **CREDIT/DEBIT CARD** – We accept VISA and MasterCard, as well as HSA/Flex Cards.
- **CARECREDIT** – CareCredit is a healthcare credit card that makes your treatment possible today!! It is designed for your health, beauty, and wellness needs. With many special financing options, you can avoid paying interest by making minimum monthly payments and paying the full amount due by the end of the promotional period. See www.carecredit.com for more details.

INSURANCE

If you have dental benefits, congratulations!! You are very fortunate. Here are some important things you should know...

- **BENEFITS** – Keep in mind that dental benefits do not typically cover the entire cost of treatment. They work more like a scholarship. They are there simply to assist you financially.
- **ESTIMATES** – We will do our best to accurately estimate your patient portion based on the most up-to-date information we have. But, it is only an estimate!! Insurance companies will make their payment determinations based on factors we may not be aware of.
- **RESPONSIBILITY** – If you choose, we will bill your insurance company as a courtesy to you. However, the responsibility to pay is between you and your insurance company. We suggest you take as much interest in making sure your insurance company follows through with their obligation to you as we do. Remember, ultimately you and only you are responsible for all charges incurred in our office.

I have read and I agreed to honor this financial agreement.

PRINT NAME: _____

SIGN NAME: _____ DATE: _____