

Smiles Ahead Family Dentistry
2456 Home Acre Dr.
Columbus, OH 43231
(614)818-9420

FINANCIAL POLICY

Thank you for choosing Smiles Ahead Family Dentistry as your dental care provider. We are proud to be part of a team whose primary mission is to deliver quality dental care with superior service. We want to ensure that your services are performed in a responsible manner. Please read and sign our financial policy.

We accept cash, checks, and all major credit cards. Financing is available subject to credit approval. If you are interested in financing please tell the receptionist as it only takes a few minutes to apply.

We understand the value of insurance benefits and will assist you in obtaining your maximum allowance. We will process your claims for you as a courtesy. Your deductibles and/or estimated co-payments are due at check-in on your service date and can be paid by any of the above methods. We try not to bill. The final payment made by your insurance company may be different from the original estimate and any overage will be refunded or any underpayment will be billed directly to your credit card. We will have you fill out an "Easy Pay" form in this situation.

We will be happy to work with you to plan the most appropriate arrangements for your budget. We do charge a deposit of 20% of your copay or at least \$25 to schedule appointments with the dentist to secure your appointment. Financing your treatment will allow you to begin treatment immediately and spread the costs over a period of time. A 10% discount (5% for lab involved dental work) is offered for self-paying patients.

Please understand that the chair time allotted for your appointment(s) is valuable. Every effort is made to prepare for your visit and scheduled service. In the event you need to cancel your appointment, please do so at least 48 hours in advance with the courtesy of a phone call made to our office during normal business hours, to allow someone else the opportunity to schedule that time. If you are unable to call 48 hours prior to your scheduled appointment, a \$30 charge will be added to your account with payment due at the next scheduled visit.

I have read and understand this Financial Policy.

X _____ Date _____
Signature of patient or responsible party.