

Sioux Falls Smiles

Financial Policy

Thank you for choosing Sioux Falls Smiles for your dental needs. In an effort to provide quality care to our patients and to avoid any misunderstandings, we would like to inform you of our office policy regarding payment for services rendered.

Payment is expected at the time treatment is performed. As a courtesy to our patients with dental benefits, we will submit your claim to your insurance company. Any portion not expected to be covered by these benefits is the ***responsibility of the patient and due at the time the service is rendered***. This amount will include deductibles and co-payments. **If benefit amounts are less than expected, you will be billed for the difference and payment is due within 10 days.**

Dental benefits are contracts between the *policyholder* and the *insurance company*, not our office. We will make every effort to assist you with any benefit questions, however we suggest that you determine what benefits you have available. Ultimately, you are responsible for the balance.

Marital status is not a consideration under any circumstance. Decreed custody or lack thereof, does not alter financial responsibility. The parent accompanying the child/minor on the day of service will be considered the responsible party. We will gladly provide you with copies of statements, which you may need to provide the other parent for reimbursement.

There is a \$35.00 charge for returned checks. If a check is returned and not paid within 5 days of return date, legal action may be taken for collection. Any costs associated with collection of returned checks will be assumed by you.

In the event your account becomes delinquent, you agree to reimburse us the fees of any collection agency, which may be based on a percentage at a maximum of 50% of the debt, and all costs, and expenses, including reasonable attorneys' fees, we incur in such collection efforts.

For your convenience, we accept: **Cash, Check, Debit, Visa, MasterCard, Discover, and *Care Credit**

*A dental credit card payment program. Ask our staff for details.

Broken Appointment Policy

Sioux Falls Smiles requires 48 hours for cancellation or rescheduling of an appointment. **If 48 hours is not given, a \$80.00 broken appointment fee may be charged**

Notice of Privacy Practices

I have received a copy of this office's Notice of Privacy Practices.

By signing below, you understand and accept the terms of our Financial Policy, Broken Appointment Policy, and Acknowledge Receipt Of Our Notice Of Privacy Practices

Signature of Responsible Party _____ **Date** _____

*Patient, Parent, or Legal Guardian