



## Welcome to Engineered Smiles!

We appreciate the opportunity to assist you with your dental needs. Our goal is to provide you with the highest level of dental care possible in an efficient and professional manner at reasonable fees. Please **carefully** read each of our policies below and sign and date where indicated. Thank you for entrusting us with your dental needs, and we look forward to a lasting relationship with you and your family!

**FINANCIAL POLICY:** Payment is expected at time of service. The patient or responsible party assumes all financial responsibility for any treatment rendered. Cash, Visa, MasterCard, Discover, and American Express are accepted forms of payment. Third-party financing is also available, if qualified. If insurance benefits are being utilized, the deductible and copay are expected at time of service. While the office makes every effort to accurately estimate patient copays, there is the possibility of a remaining balance after insurance payments due to variances in insurance policies. The office will make all efforts to appeal any denial of benefits, but any remaining balance not covered by insurance is the responsibility of the patient and is due in-full 30 days after final insurance payment or denial.

**CANCELLATION POLICY:** In order to provide a high level of service and quality of care, the office does not double book appointments. All appointments are reserved specifically for a single patient, and that patient only. If the patient is unable to keep the pre-scheduled appointment, we require a **48-business hour** notice so that the appointment time can be provided to another patient needing care.

The office reserves the right to charge a **fifty dollar (\$50.00) per hour** fee for any appointment cancelled under **48-business hours**, and a **one hundred dollar (\$100.00) per hour** fee for any **no-show failed appointment**. Appointments are not considered cancelled until you receive confirmation from our office.

**\*\*\* Patients who no-show or have repeated late cancellations will no longer be able to reserve any appointments, and will only be able to be seen on a same-day basis. Any future appointments will be cancelled in the event of a no-show.**

**INSURANCE:** As a courtesy to the patient, the office will file all insurance claims on their behalf. The patient and subscriber authorize the release of any patient information to the insurance carrier and assign all insurance benefits directly to the provider.

**DEFAULT:** Any outstanding balance over 90 days with no payment arrangements are subject to third party collections. Any collection fees will be charged to the patient or responsible party.

**MINORS:** All patients under the age of 18 will require a parent or legal guardian to be present to authorize treatment.

I acknowledge I have **carefully** read, understand, and agree to the above policies as a patient of Engineered Smiles, LLC.

\_\_\_\_\_  
Signature (Patient or Responsible Party)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name