HUBBELL J. SMITH, DDS
GENERAL DENTIST

Financial Agreement

Thank you for choosing Hubbell J. Smith, DDS as your dental health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our financial policy which we require that your read and sign prior to any treatment. It is our hope that this policy will facilitate open communication between us and help avoid potential misunderstandings, allowing you to always make the best choices related to your care.

Insurance:

Please remember that your insurance policy is a contract between you and your insurance company. We are not a party to that contract. As a courtesy to you, our office provides certain services including a pre-treatment estimate which we can send to the insurance company at your request. It is physically impossible for us to have the knowledge and keep track of every aspect of your insurance. It is up to you to contact your insurance company and inquire as to what benefits your employer has purchased for you. If you have any questions concerning the pre-treatment estimate and/or fees for service, it is your responsibility to have these answered prior to treatment to minimize any confusion on your behalf.

Please be aware some or perhaps all of the services provided may or may not be covered by your insurance policy. Any balance is your responsibility whether or not your insurance company pays any portion.

Payment:

Understand that regardless of any insurance status, you are responsible for the balance due on your account. You are responsible for any and all professional services rendered. This includes but is not limited to: dental fees, surgical procedures, tests, office procedures, medications, and any other services not directly provided by the dentist.

Hubbell J. Smith, DDS accepts cash, checks, and credit cards (Visa, Mastercard, and Discover). In some treatment situations, financing options such as CareCredit may be available. A returned check fee of $30.00 will be charged for any returned check.

FULL PAYMENT is due at the time of service. If insurance benefits apply, *ESTIMATED PATIENT CO-PAYMENTS* and *DEDUCTIBLES* are due at the time of service unless other arrangements are made.

If payment is delinquent (over 90 days old), the patient will be responsible for payment of collection, attorney's fees, and court costs associated with the recovery of the balance due on the account.

Missed Appointments:

Hubbell J. Smith, DDS reserves the right to charge and collect fees for broken/missed appointments. Appointments that are cancelled or broken without 48-hours advanced notice will incur a charge of $80. In the event of repeated broken appointments, short-notice cancellations (less than 48 hours), or chronic tardiness for scheduled appointments, nonrefundable deposits may be required to schedule future appointments or the patient may ultimately be dismissed from the practice.

I have read and understand this document outlining the financial policies for Hubbell J. Smith, DDS and agree to these terms.

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Signature of Patient or Parent/Guardian Date

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Printed Name of Patient or Parent/Guardian