1f. Office Policies & Patient Agreement & Record Consent

Smile by Choice Dentistry- Laser, Implant, Pediatric
200 W 57th St Ste. 202, New York, NY 10019
(646) 233-5233
www.smilebychoice.com/

OFFICE POLICIES & PATIENT AGREEMENT

Thank you for choosing Smile By Choice Dentistry for your dental care. Our goal is to provide exceptional dentistry, personalized service, and a comfortable patient experience. To help us maintain the highest level of care and efficiency for all patients, we ask that you carefully review and acknowledge the following office policies and agreements.

FINANCIAL RESPONSIBILITY

Payment is due at the time services are rendered unless prior financial arrangements have been approved by the office.

For your convenience, we accept:

- Cash
- Cashier's Checks
- Major Credit/Debit Cards
- HSA/FSA Cards
- Approved Third-Party Financing

We do not accept personal checks.

INSURANCE:
Regardless of insurance status, patients are ultimately responsible for all fees associated with treatment and services provided by our office. As a courtesy, our office will assist in submitting insurance claims and estimating insurance benefits whenever possible. Please understand that insurance estimates are not guarantees of payment and that final benefit determinations are made solely by your insurance carrier.

If insurance leaves a remaining balance, later denies, reverses, audits, or recoups payment for any reason, the patient remains financially responsible for the outstanding balance. If insurance benefits are issued directly to the patient, payment to our office remains the patient's responsibility regardless of whether the funds have been received, deposited, negotiated, or otherwise used by the patient.

PAYMENT:
Understand that regardless of any insurance status, you are responsible for the balance due on your account. Outstanding balances may be charged to the authorized card on file in accordance with the signed Card on File Authorization and office policies after notification has been provided.

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.

UNPAID BALANCE Accounts with balances remaining unpaid after 90 days may be subject to a finance charge of 1% per month (12% APR) where permitted by law. If payment becomes delinquent and collection efforts are required, the patient agrees to remain responsible for any collection costs, attorney fees, court costs, administrative fees, and other expenses permitted by law associated with recovery of the outstanding balance.

CARD ON FILE POLICY

For your convenience, Smile By Choice Dentistry securely maintains a credit or debit card on file for hygiene and preventative care appointments.

A temporary $1 verification authorization may be processed at the time of scheduling to confirm that the card provided is active and valid. This is not a treatment charge and will typically disappear automatically according to

your financial institution's processing timeline.

If insurance leaves a remaining balance, issues payment directly to the patient, later denies, reverses, or recoups payment for any reason, the patient remains financially responsible for the balance owed.

After notification has been provided, the authorized card on file may be charged for outstanding balances, including patient portions, insurance recoupments, cancellation fees, and charges related to office policy unless alternative arrangements have been approved by the office.

If the card on file is declined, the patient agrees to promptly provide updated payment information or establish an approved payment arrangement.

By signing this agreement, the patient authorizes Smile By Choice Dentistry to securely maintain and charge the authorized card on file in accordance with this policy.

CANCELLATION & APPOINTMENT POLICY

As a courtesy, our office may attempt to remind patients of upcoming appointments through phone calls, text messages, and/or emails. However, failure to receive a reminder for any reason does not release the patient from responsibility for the scheduled appointment.

To help us maintain an efficient schedule and accommodate other patients in need of care, we respectfully require:

- At least 48 business hours notice for hygiene appointment cancellations or rescheduling. Late cancellations, rescheduling requests, or missed appointments may result in a $99 cancellation fee.
- At least 72 business hours notice for procedure-related appointments. Late cancellations, rescheduling requests, or missed appointments may result in a $150 cancellation fee.
- At least 1 week business notice for surgery, All-on-X, full mouth rehabilitation, smile makeover, and other extensive treatment appointments. Late cancellations, rescheduling requests, or missed appointments may result in a $300 cancellation fee and/or forfeiture of any reservation deposit, whichever is greater.

Cancellation requests must be submitted during regular business hours. Voicemail messages are not accepted as valid notice of cancellation. Patients must either speak directly with a team member during business hours or send a text message to the office.

Any text messages received after business hours will be considered received as of the start of the next business day.

COMMUNICATION CONSENTS

For your convenience, Smile By Choice Dentistry may communicate with you regarding appointments, treatment, insurance matters, billing, account balances, and other healthcare-related information through:

- Phone calls
- Voicemail messages
- Text messages
- Emails

By providing your contact information, you authorize our office to communicate with you using the phone numbers and email addresses you provide.

Please understand that electronic communications, including email and text messaging, may carry certain privacy and security risks despite reasonable efforts to protect confidentiality. By signing below, you acknowledge and accept these risks and consent to electronic communication from our office.

This consent may include communications to mobile/cellular numbers using automated dialing systems where permitted by law. Standard message and data rates may apply.

Patients are responsible for notifying the office of any changes to their contact information.

RECORD RELEASE POLICY

Requests for records, radiographs, photographs, digital scans, and other diagnostic records may require advance notice and applicable administrative fees where permitted by law.

Outstanding balances related to records, radiographs, or services associated with the requested release may be required to be resolved prior to records being transferred or released where permitted by applicable law.

This policy applies to records released directly to the patient, another dental office, specialist, healthcare provider, attorney, insurance carrier, or third party authorized by the patient.

HIPPA ACKNOWLEDGMENT

I acknowledge that I have been offered access to the Smile By Choice Dentistry Notice of Privacy Practices and understand that my protected health information may be used and disclosed for treatment, payment, healthcare operations, appointment coordination, insurance processing, and other healthcare-related purposes permitted by law.

I understand I may request a copy of the Notice of Privacy Practices at any time.

ACKNOWLEDGMENT & AGREEMENT

I acknowledge that I have read, understand, and agree to the Office Policies, Financial Policy, Communication Consent, Cancellation Policy, Card on File Policy, HIPAA Acknowledgment, and related office agreements. I understand that I am financially responsible for payment of all services provided to myself and/or my dependents and that insurance estimates are not guarantees of payment.

Patient's Signature *

Date

11/05/2026

SMILE BY CHOICE
Laser · Implant · Cosmetic Dentistry

Smile by Choice Dentistry- Laser, Implant, Pediatric
200 W 57th St Ste. 202, New York, NY 10019
(646) 233-5233
www.smilebychoice.com/

PHOTOGRAPHY, VIDEO & DIGITAL RECORD CONSENT

During the course of treatment, Smile By Choice Dentistry may obtain photographs, videos, radiographs, digital scans, and other clinical records for treatment planning, diagnosis, communication, laboratory collaboration, insurance documentation, education, quality assurance, and internal case review purposes.

Clinical records may also be shared with specialists, laboratories, insurance carriers, and healthcare providers involved in the patient's care as necessary for treatment and healthcare operations.

Please select one of the following regarding identifiable facial photographs and/or videos:

- [ ] I authorize Smile By Choice Dentistry to use identifiable facial photographs and/or videos for educational, website, social media, marketing, publication, and practice-related purposes.
- [ ] I DO NOT authorize Smile By Choice Dentistry to use identifiable facial photographs and/or videos for website, social media, marketing, and public-facing promotional purposes. I understand that identifiable images may still be used for professional educational, lecture, publication, treatment, documentation, insurance, laboratory, and healthcare-related purposes.

Patient's Signature *

Date

11/05/2026