



FINANCIAL GUIDELINES FOR DENTAL SERVICES

Thank you for choosing Sedona Smiles for your dental care. Our goal is to deliver the best and most comprehensive dental care available for your lasting health and benefit.

"Quality is never an accident, it is always the result of high intention, sincere effort, intelligent direction and skillful execution; it represents the wise choice of many alternatives."

Payment Options

Payment is due in full on the day services are rendered.

- Cash, Check, Visa, MasterCard, Discover, American Express, and CareCredit® Cards are accepted.
- In-house financing is provided by a separate financing company based on credit approval with options for no-interest monthly payments. Please ask our receptionist for more information regarding CareCredit®.

Dental Benefits

For our patients with dental insurance – *Payment is due in full on the day services are rendered.* Your insurance carrier will then reimburse you directly. After the balance is settled on the day of service, we will be happy to assist you by filing your dental claims, enabling you to maximize your annual policy limitations. Patients are directly reimbursed by their insurance providers after claims are submitted.

We will help you understand your eligibility and benefits and file predeterminations as requested. The contract is between your employer and your insurance provider. Therefore, we may not be able to access certain information without your assistance.

For our patients with Medicare – we are not a Medicare provider. As a result, many procedures are not covered, and we are unable to submit claims on your behalf.

(Continue reverse)

Important Notes

All fee estimates expire at the end of the calendar year, December 31st. By acceptance of any treatment plan, please realize fees are subject to change without notice at the start of the New Year.

Sedona Smiles requires payment either prior to, or upon the completion of your treatment. All appointments that are over \$4000 will require a down payment of 50% at the time of making the reservation. If you choose to discontinue care before treatment is complete, any possible refund will be determined with the review of your case.

The valuable time we reserve in our schedule is for your treatment and benefit exclusively. A broken appointment is a loss to three people. First, to you for the loss of the opportunity to further your dental health; second, to the patient who was unable to utilize the valuable time; and finally, to the doctor and hygienist who were fully staffed and prepared for your visit.

To maximize your results from treatment, please make sure to arrive promptly at the date and time you requested when you made the appointment.

We request that you give us the courtesy of **72 hours advance notice** for any rescheduling of an appointment.

So you may fully understand your financial obligation, any changes to your treatment plan, including additional fees, will be explained to you before you begin treatment. This estimate does not include any additional treatment necessary due to unforeseen circumstances that may only present themselves at the time of treatment.

Please ask any questions you have regarding this material.

I acknowledge that I have read through, understand and will comply with the Financial Guidelines as set forth:

Signature of Patient

Date

Printed Name