



Welcome to Smile Place! We're a fun-loving, kid-friendly, family-focused, relationship-driven, difference-making, smile-inducing kind of practice. We are committed to providing all of our patients with the very best service at each and every visit. In return, we ask that you please read and adhere to the following policies.

Appointment Guidelines

A parent or legal guardian (with official documentation) must be present during all appointments that the child is in the office.

We value the time with our Smile Place families. The scheduled appointment is reserved specifically for your child. Any changes to this one appointment can affect many patients.

In the event you arrive late for your scheduled appointment and we are still able to see you, please expect to experience a longer wait time than normal as we serve other patients who arrived on time first. If you are more than 15 minutes late for your reserved time, the appointment may need to be rescheduled to another day.

Missed Appointments

A visit is considered a "missed appointment" when it is not canceled at least 24 hours in advance, or the patient does not show up for his/her appointment. If you or your child is sick, we will need a doctor's note to negate the Missed Appointment fee. For excessive missed appointments, you may be placed on a "Same Day Appointment Only" list or dismissed from our practice.

We treat missed appointments a little differently depending on whether you are new to our practice or an existing patient:

New Patients: If a new, establishing patient does not show up for his/her initial visit, there will be a \$50 fee that must be paid prior to being able to reschedule with us. Should the rescheduled new patient visit be missed a second time, the patient will be considered discharged and unable to establish care at Smile Place

Existing Patients: There will be a \$25 fee added to your account for each missed appointment. Three (3) missed appointments within a 12-month period will result in eligibility for discharge.

Discharge Policy

In the event of a discharge, you will receive notification that you have 30 days to find alternative dental care, subject to exceptions pertaining to emergencies, which will be communicated in your discharge notice.

Payment Policies

Proof of Insurance: Our office is not a participating provider with any insurance plans, other than Medicaid. A general breakdown of your individual dental benefits will be obtained by Smile Place prior to your initial visit. You will be responsible for any estimated portion that is not covered by your insurance plan on the day of treatment.

Co-Pays / Outstanding Balances: If applicable, all co-pays and outstanding account balances must be paid at the time of each visit.

Claims Submission / Billing Statements: If you are insured by a plan, our office will file with your insurance company as a courtesy. Fees for uncovered dental services are due at the time of treatment. We ask that you provide payment in full for all services rendered immediately upon receipt of each billing statement, this includes all emergency appointments.



Non-Covered Services: The parent or guardian accompanying the patient the day of treatment is responsible for payment. We cannot send statements to other persons. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized.

Please be aware that some – and perhaps all – of the services you receive may not be covered by your insurance policy. In this event, you agree to be financially responsible for all uncovered charges. Please contact your insurance company with questions or concerns regarding your coverage.

Partial Payments: Partial payments will not be accepted unless otherwise negotiated with our billing department.

Non-Payment: Please be aware that if your account goes unpaid beyond thirty (30) days of the date of your initial billing statement, we may refer your account to a collections agency (or Small Claims Court) and you will be discharged as a patient from Smile Place. Should this unfortunate circumstance occur, you will be responsible for any collection or legal cost associated with collecting on your account.

We understand that everyone's situation is different and financial hardships may occur. Please contact our billing department should you find yourself in a hardship position and we will do our best to work with you to the extent we are able.

Forms of Payment: The practice accepts payments by cash, Visa, MasterCard, and debit cards.

ACKNOWLEDGEMENT

Smile Place will send preauthorizations for services rendered to the primary insurance company, and while we do not participate in most insurance plans, we will file to your primary insurance as a courtesy. However, if we do not have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage.

Please note, Smile Place does not file claims with any secondary insurance companies including Medicaid.

By signing below, I acknowledge that Smile Place will only file insurance claims for services rendered to my primary insurance, and will not file insurance claims with any secondary insurance companies. I understand any balance outstanding is my financial responsibility.

If there are any questions or concerns about these guidelines, please feel free to ask one of our team members or call our office. We are here to help in any way that we can. We appreciate you entrusting your child's dental health to us.

Full Name (Please PRINT)

Signature of Legal Consent

Date