

M Kent Smith D.D.S. A Professional LLC

125 East 3rd Street | Suite D • Edmond, OK 73034

(405)341-7773

Please read carefully. This is a binding agreement.

We are committed to providing you with the best possible dental care. Our fees reflect our professional commitment to excellence. If you have dental insurance, we are happy to help you receive your maximum allowable benefits. In order to achieve these goals we need your assistance and your understanding of our payment policy, for the convenience of our patients we offer the following methods for payment of fees:

- 1. Payment in full by cash, check, bank card, or alternate financing for each appointment as service is rendered. A courtesy is offered for patients without insurance. 5% for over \$1000.00. Payments must be paid on the day the service is rendered. Financing must be pre-approved before day of service.
- 2. We gladly accept insurance assignments, but require the deductible and non-covered fees to be paid at the time of service. In the event of duplicate payment, you will be reimbursed. The insurance is filed as a courtesy. It is still your position to follow-up on the payment of these claims.
- 3. Bank card cards: Visa, Mastercard, Discover, and American Express are accepted.
- 4. Alternate Financing (Care Credit) accounts are gladly accepted. We will be glad to assist you in filling out an application.
- 5. Major Services: Appliances, crowns, bridges etc.. if you have insurance it will be filed for you and your portion is due at time of service. Or, pay ½ at preparation and the balance due at seating of permanent restoration. Usually within 2-3 weeks.
- 6. Basic Services: Fillings, periodontal treatment, extractions, etc. Payment in full up front with courtesy for patients without insurance. Patients with insurance, the insurance will be filed and your portion due at the time of service.

1. Your dental benefit program is a contract between you, your employer, and the insurance company. We are not a party to that contract. This office files your insurance as a courtesy to you. Our fees generally, but not necessarily, fall within the usual and customary fee structure, determined by your carrier. Not all dental services are covered benefit in all contracts. You (not the insurance company) are responsible to us for all our fees for services rendered to you. For patients who have insurance, an ESTIMATE will be given of the benefits that the insurance company is expected to pay, and any co-payment is expected at the time service is rendered. This will be an estimate only. If a balance remains after the insurance payment it will be billed to you and due upon receipt. We will gladly discuss your proposed dental treatment and answer any questions you might have as to the involvement of your dental benefit program in receiving this care.

Do you authorize this to be your electronic signature? *

☐ Yes ☐ No

Response Date: _____