

# Chesapeake Smiles

## Insurance, Financial & Cancellation Policy

At Chesapeake Smiles we pride ourselves in providing extra time for the attention each patient deserves. Your appointment in our office is made exclusively for you. We do our best to make sure you are seen at the time of your appointment. However, emergencies do arise, and sometimes we are forced to keep you waiting. Your appointment time has some leeway built into it, so please be assured that your procedure will be completed. We appreciate your patience for someday it may be you that is in need of emergency services.

### Initial

\_\_\_\_\_ - A specific amount of time is reserved especially for you and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require 24 hour notice or we reserve the right to charge a \$30 hygiene or \$50 doctor cancellation fee.

\_\_\_\_\_ - We request that all patients confirm their appointments within 24 hours, we provide email, text and phone confirmation reminders for our patients convenience. Any appointments not confirmed within 24 hours may be removed and given to another patient in need of urgent treatment.

\_\_\_\_\_ - Your dental benefits are based upon a contract made between your employer or yourself and an insurance company. Therefore once your insurance has made payment(s) to Chesapeake Smiles; you (the patient) and/or primary account holder are responsible for any outstanding balance.

\_\_\_\_\_ - We currently accept most private care insurance plans, although we can maintain computerized histories of payment by a given company, they do change; therefore it is impossible to give you a guaranteed quote before or at the time of service. We estimate your portion based on the most up-to-date information we have, but it is **only an estimate**. If you would like to know a more accurate estimate, we will be happy to file a "pre-treatment authorization" with your insurance company prior to treatment. Keep in mind this is not a guarantee of coverage and will delay treatment but will give you a more accurate estimate.

\_\_\_\_\_ - We will bill your insurance as a courtesy. If insurance does not pay, **Chesapeake Smiles** reserves the right to request payment in full. Ultimately, you are responsible for all charges incurred in our office.

\_\_\_\_\_ - **Chesapeake Smiles** does require payment in full for your portion at the time of service. We accept Visa, MasterCard, Discover, Cash, Money Orders and Personal Checks (We do reserve the right to charge a \$25 returned check fee on top of whatever fee the bank may charge to us). If you are in need of an extended finance option, we also work with Care Credit, who offers 6 month differed interest on purchases over \$200. (See an associate if you are interested in more information or would like to apply)

**I agree with the above conditions.**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient/Parent Signature: \_\_\_\_\_