

**COLUMBIA SMILES FAMILY DENTISTRY
OFFICE FINANCIAL POLICIES**

We are committed to providing you and your family with the best dental care. In order to continue to do this, we need your understanding of, and your adherence to our office financial policies. Please take the time to read this statement carefully.

If you have dental insurance, we will work with you to help maximize your allowable benefits. It is the policy of our practice to provide you with a written estimate or treatment plan outlining suggested procedures at your request. This includes your **estimated** financial responsibility. If insurance has not reimbursed us after 45 days you will be billed for the full balance. **Final responsibility for payment rests with you.**

Payment is due at the time services are rendered. This includes any insurance deductibles and co-payments. If your insurance company reimburses you, then full payment is due at the time services are rendered. We accept cash, checks, money orders, most major credit cards and have outside financing available interest-free for up to 12 months through CareCredit. CareCredit also offers payment plans over 12 months at a low 9.90% interest.

In the unlikely event that your account is sent to a third party for collection, you will be responsible for any fees incurred (interest, collection fees, etc.).

Your insurance is a contract between you (or your employer) and the insurance company. We are not a party to that contract. Some insurance companies reimburse according to a fee schedule; others pay a percentage of what the insurance industry arbitrarily defines as “UCR” or “usual and customary”. This is normally set at or below the 80th percentile of nationally averaged fee profiles. Not every service is a covered benefit in all contracts.

We must emphasize that as dental care providers our relationship is with you, not your insurance company. While the filing of insurance claims is a service that we extend to our patients, all charges are your responsibility from the date services are rendered. We realize that temporary financial problems may affect the timely payment of your balance. If such a situation arises, we encourage you to contact us promptly for assistance in the management of your account.

Signature _____ Date _____