

**Smokey Point Family Dentistry**  
**3533 172<sup>nd</sup> St NE ~ Arlington, WA 98223**  
**360-658-3000**

**Financial Agreement**

*It is our goal for patients to clearly understand their treatment needs, as well as their financial responsibility before treatment begins. We desire to make dental treatment affordable to all of our patients. Therefore, we offer the following financial arrangements:*

1. **5% Cash Discount-** For cash payments in full at time of treatment, 5% Senior Discount. This does not apply to patients with PPO Contracted insurance coverage.
2. **VISA – MasterCard – American Express – Discover-** (Checks are not accepted)
3. **Patients with Insurance:** Estimated portion not covered by insurance is due at time of service. For treatment requiring dental laboratory services, a minimum down payment will be required at the initial appointment. **YOU ARE RESPONSIBLE FOR UNDERSTANDING YOUR INDIVIDUAL POLICY AND ITS PROVISIONS. OUR ESTIMATE IS DONE ONLY AS A COURTESY TO YOU.**
4. **Patients without Insurance:** Payment for dental services is due at the time of treatment. Limited in house financing for procedures that require more than one appointment to complete: ½ down at start of treatment, balance at completion.
5. **Patient Financing Services:** *Wells Fargo Financial* or *Care Credit*. Both offer up to 12 months zero interest upon approval of credit.

**For Our Patients with Dental Insurance**

Because we understand that dental insurance plays a role in helping many people defray some of the costs of dental care, we would like to share with you the following information about dental insurance:

Please understand that our responsibility is to provide you with the treatment that best meets your needs, not to try to match your care to insurance plan limitations. Dental insurance plans do not correspond to individual patients' needs, and as such, many routine and necessary dental services are not covered, even though you may need those services.

In spite of what your plan says it may cover, we have found that many plans actually pay less than what you might expect. The benefits your plan allows are largely determined by how much your employer/union pays in premiums for that plan. **We are happy to submit your dental insurance claims and help you to receive the maximum benefits due you, but please understand that we cannot accept the responsibility for estimating your plan's payment on un-submitted claims. We do not know what your insurance company will pay until your claims are processed. We also cannot be responsible for collecting on unpaid claims and/or negotiating disputed claims. We rely on the policy holder to understand his or her own policy.**

A finance charge of 1.0% per month is applied on all account balances after 90 days.

**Appointment Policy**

When you, or a family member, make an appointment, you are responsible for keeping that appointment. The clinic will attempt to remind you of your appointment one or two days prior to the scheduled date. However, you are ultimately responsible for your scheduled appointment time, **IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT, WE RESPECTFULLY REQUEST 48 HOURS ADVANCE NOTICE, BUT REQUIRE 24 HOURS NOTICE.**

*Failed appointments, with no notice, will be charged \$50.00 per ½ hour of scheduled operatory time. Cancelled appointments with less than 24 hours notice will be charged \$25.00 per ½ hour of scheduled operatory time.*

We reserve the right to limit future appointments to those who have a history of missed appointments.

**I have read and understand the above policies. Regardless of insurance coverage, I am ultimately responsible for payment of all dental fees for myself and/or my dependents.**

Signature \_\_\_\_\_

Date \_\_\_\_\_