



## Financial Responsibility

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Patient Name (Printed) \_\_\_\_\_

If you have dental insurance, we will file the claims for you, as a complimentary service. It is very important that the correct insurance information is provided at the time of the patient's appointment. If this information changes, it is the patient's responsibility to update Healthy Smiles NWI at the earliest convenience. While we do our best to verify dental benefits prior to your first appointment, this does not guarantee coverage or payments to Healthy Smiles. We do accept payments from dental insurance companies; however, we are not contracted with them. It is a contract between you, your employer and the insurance company.

We will provide you with an **ESTIMATE** of your out of pocket expense for any treatment planned by the doctor. However, please understand that these are strictly estimates and are not a guarantee that your insurance company will cover these services. Please note that any difference in payment from your insurance company and your account is your responsibility and **payment will be due on the day of service**. While the filing of insurance claims is a courtesy that we extend to all of our patients, all charges are your responsibility. In addition, you are financially accountable for any service that is non-covered on the day of that service.

**Payment for co-pays and/or deductibles is due at the time services are provided.** Any balance older than 90 days will be subject to being sent to a collection agency or an attorney. **Any attorney or collections fees incurred due to delinquency in payment or collection efforts will also be charged to you, including court costs and fees.** Any personal check returned unpaid or with non-sufficient funds (NSF) will incur a \$30 NSF check fee and may also subject you to court costs and attorney fees.

**Office hours are by appointment and we do value your time. This office is a private practice dental office and not a dental "clinic." Appointment time is reserved for you alone. When you make an appointment, please be sure that you will be able to keep it.**

Like many offices, we do call in advance to confirm your appointment. Please make a note of any dental appointments you have scheduled and keep in a place where you will be easily reminded. In order to be respectful of other patient's needs, please be courteous and call our office promptly if you are unable to attend an appointment. This time will be given to someone who is in urgent need of treatment. Repeated cancellations or missed appointments will result in loss of future appointment privileges. **If you have two failed appointments, you will be put on a short call list for any future treatment needs. If you are more than 15 minutes late to an appointment you will need to be rescheduled.**

\_\_\_\_\_ Date: \_\_\_\_\_

Patient (or Parent/Guardian) Signature

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Nicholas Cain, D.D.S