



DENTAL OFFICE OF MICHAEL E. ALANO, DDS, INC.

Insurance and Financial Policies

Thank you for choosing Smiling Hills Dental for your dental needs. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible. We offer several payment options to fit your needs. For our patients with dental insurance we will bill your insurance company as a courtesy.

Payment Options:

- Cash, Visa, MasterCard, American Express or Discover Card
- Convenient Monthly Payment Options from CareCredit or LendingClub

We offer a 5% discount for seniors, active or retired military. We also offer a discount on a case by case situation if the full treatment plan is paid prior to first treatment appointment. Smiling Hills Dental requires all payments due by the completion of your treatment. You can make scheduled payments at each appointment or prepay for treatment. Smiling Hills Dental does not bill patients for treatment unless the insurance company does not pay as expected or prior arrangements are made. For cases \$1000 or more, a 25% deposit is required to reserve your initial treatment appointment. If you choose to discontinue care before treatment is complete you will receive a refund less the cost of care received.

Smiling Hills Dental charges a \$30 broken appointment fee and \$30 for any returned check.

For our Insured Patients

Please acknowledge that you understand that the breakdown provided to you from Smiling Hills Dental is **only an estimate**. You are responsible for all charges incurred for dental services rendered. The estimate is based on the information received from your insurance company; **it is not a guarantee of payment**.

Please acknowledge that you understand **you** are responsible for all balances due in any one or more of the following examples.

1. Any treatment that is denied by your insurance company.
2. You are not eligible for insurance benefits at the time of service.
3. You prevent or delay payment from insurance company by not complying with any requests
4. You receive a check from my insurance company that is meant for payment of treatments

I hereby accept Smiling Hills Dental's written Insurance and Financial Policies

PATIENT SIGNATURE

DATE: _____



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