

10825 Boyette Road Riverview, FL 33569 │ (813) 741-0483

**EverySmile Dental**

**FINANCIAL AGREEMENT**

Payment

-Payment is due at the time services are rendered, unless previous arrangements have been made with our Financial Coordinator.

-Returned checks will result in a $35 fee, along with the original amount due. We reserve the right to refuse future checks.

-In the event that your account is not paid as agreed, legal action may be taken and a collection fee of 33% of the unpaid balance will be added, as well as reasonable attorney’s fees and/or court costs.

Insurance

-We are happy to work with your insurance to make sure you get maximum coverage for your dental treatment.

-As a courtesy to you, we will process insurance claims for you. **Please remember, however, that as dental providers, our relationship is with YOU, not your insurance company.** We have no control over the benefits of your planand it is ultimately your responsibility to be aware of what your contract benefits are.

Appointments

-Appointments must be confirmed at least 24 hours in advance to remain on the schedule. Unconfirmed appointments may be removed from the schedule.

- Because instruments, chair time and personnel are reserved exclusively for your appointment, we reserve the right to charge a broken appointment fee for appointments missed or cancelled without a 24 hour notice. Patients with a history of multiple missed/cancelled appointments may be asked to pre-pay for their appointment prior to scheduling.

-Patients who arrive late to their appointment may need to be rescheduled due to time constraints.

*We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we urge you to contact us promptly for assistance in the management of your account.* *We are here to help you.*

**I have read and understand the above financial policy and agree to meet all financial obligations.**

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**Patient Name Responsible Party Signature Date**