



Financial and Collection Policy

Welcome Carolina Bright Smiles we would like to express our warmest thanks for choosing us as your dental provider and entrusting us with your dental care.

Financial Policy

Carolina Bright Smiles requires that you pay for services on the day they are completed. **Payment is due upon arrival for your appointment.** For comprehensive treatment plans a minimum of 20% of the total estimated patient portion is due to schedule treatment. For your convenience we do accept Cash, Checks, Visa, MasterCard, Discover, American Express, and Care Credit.

We accept most insurance and we will gladly file your insurance for you. **However, you are responsible for the amount not covered by your insurance plan. It is your responsibility to know your coverage.** If you are unsure please contact your insurance provider or HR Dept. We can only estimate what the out of pocket expense will be and any co-pays or deductibles must be paid in full on the day services are rendered. The insurance company has the final say as to what will be or will not be covered. When the insurance company processes the claim and a balance remains, you will be informed of the balance. The balance is the patient's responsibility. Any balance remaining on your account for more than 90 days will be subject to a finance charge of 18%. If the account is not paid in full by either the policy holder or the dental insurance within 90 days, the account will be considered past due and subject to immediate payment. Any balances not paid in full after **90 days will be sent to a third party agency and reported to the credit bureau. Our office will file dental claims only to the patient's primary insurance policy; we will not file claims to secondary insurance policies.**

Emergency patients will be expected to **pay in full** on the day dental services are rendered by cash or credit card only.

We schedule appointments in advance, and that time is yours. If you must change or re-schedule your appointment, we ask you to please give us a 48 hour notice for the consideration of our dental team, and valuable time for other patients needs. If you fail to extend us this courtesy your account will be billed accordingly. We believe your dental health is important, and it deserves respect, yours and ours. **** I have read and understand the above information... I have asked the staff at Carolina Bright Smiles any questions that I may have regarding the above Financial and Collection Policies. Further questions regarding payment of my dental services by the insurance company may be answered by contacting your insurance company or the HR dept. I hereby agree to the above stated information and agree to accept all financial responsibility for my dental services. We work very hard to control the cost of dental care. We believe that quality dental care should be available to everyone, so you can relax and feel good about your visits with us. We welcome any questions you may have about office policies, insurance, and financial arrangements**

Steven E. Garrett, DDS and Staff

Signature of Patient (Legal Guardian)

Date