



SmileMakers Comprehensive Dentistry
David M. Fry, Jr. DMD FAGD PC
John W. Barganier, DMD PC
Joshua D. Mathis, DDS
and Associates

Office Guidelines

Thank you for choosing Smile Makers as your Dental Care Provider. We are committed to ensuring your treatment is a success! The following is a statement of our office guidelines, which we encourage you to read and sign prior to any treatment.

FINANCIAL POLICY

1. Payment in full at time of visit is due unless prior financial arrangements have been made.
2. We accept payment by Cash, Check, Visa, MasterCard, Discover or American Express. We have outside financing available including interest free plans with Approved Credit. We understand temporary financial issues may impact your ability to pay your account in a timely manner. If any issues arise, please contact our office as soon as possible so we can assist you with your account.
3. All returned checks will add a \$30.00 fee to your account.
4. We believe everyone's time is valuable, therefore, ***there may be a fee charged for appointments canceled or rescheduled without at least a 48 hour notice.***
5. All major treatments require an appropriate down payment. To avoid misunderstandings, our Financial Manager will be happy to discuss any questions and/or financial concerns regarding fees and payments.

BILLING

An itemized statement covering all services received will be mailed on a monthly basis and will reflect the amount currently owed including any outstanding insurance. Please be aware that all unpaid balances are subject to interest at 18% APR after 60 days. Delinquent balances are subject to interest and collection costs, including court costs and attorney fees.

INSURANCE

As a courtesy, we will file your insurance claim for your treatment. Please keep in mind that your contract may include certain limitations. We encourage you to review your policy's coverage information and contact your insurance provider with any questions or concerns. Your insurance policy is a contract between you and your insurance company. We do our best to provide an accurate estimate for your dental treatment.

However, we cannot guarantee payment for your claims.

We allow 60 days for outstanding claims to be paid, after that time unpaid claim amounts are transferred to your personal balance and you are responsible for payment at that time.



SmileMakers Comprehensive Dentistry
David M. Fry, Jr. DMD FAGD PC
John W. Barganier, DMD PC
Joshua D. Mathis, DDS
and Associates

EXPRESS PRIOR CONSENT TO CONTACT THE CONSUMER BY CELL PHONE:

I, the undersigned, give Smile Makers , its employees and/or agents "express prior consent " to contact me at any/all phone numbers, including cell phone numbers (by phone call or text message) , for the purpose of treatment, insurance and/or payment.

MINOR CHILDREN

A parent or guardian must be present during a minor child's treatment. Occasionally, treatment must change and we require permission from a parent or guardian before we proceed.

PLEASE READ THE FOLLOWING AUTHORIZATION AND SIGN FOR OUR FILES:

The undersigned hereby authorizes the Doctor to take x-rays, study models, photographs, or any other diagnostic aids deemed appropriate by the Doctor to make a thorough diagnosis of the patient's dental needs.

I authorize the release of any dental information and/or records. I authorize assignments of benefits on all claims, insurance or otherwise.

I authorize Smile Makers to obtain a credit report to determine my credit worthiness for financing.

I have read all of the above and agree to all terms and policies as outlined.

PATIENT SIGNATURE

DATE