

## DFW SMILES

2700 William D. Tate, Suite 100  
Grapevine, TX 76051  
(817) 281-3444

### Financial Policies

**In an effort to keep dental fees down while maintaining a high level of professional care, we have established the following plans for the use of our patients:**

1. Payment in full for each visit is due unless financial arrangements have been made.
2. Fees less than \$100.00 for patients with no dental insurance are due and payable at the time of treatment.
3. While the patient is responsible for the total of cost of treatment, as a courtesy we will file insurance on the patient's behalf. Current insurance information must be provided at each visit. At the time of service, we **estimate** the insurance savings and collect the patient portion not covered by insurance. Payments from dental insurance companies are accepted. However, the patient is responsible for any remaining balance after **60 days** from the date of service, regardless of the status of insurance claims.
4. Our office offers a 5% courtesy on the patient's portion when paid in full prior to the date of service. Only one (1) courtesy is available for any service date. If a patient receives an in-network insurance/senior courtesy, no Pre Pay courtesy is available.
5. One-half of the total patient portion is to be paid when treatment is started and the balance is due when the treatment is completed.
6. We accept Discover, Visa, MasterCard, American Express, Flex Spending and debit cards.
7. Divided Payment Plan: Financial arrangements may be made through one of our bank financing plans. Credit applications are available through our office for Care Credit.
8. A 10% courtesy is given to senior citizens 63 and older who do not already receive an in-network insurance courtesy.
9. All DHP patients receive a 10% courtesy (Senior DHP patients receive a 15% courtesy) on all restorative and major work in addition to the benefits of diagnostic and preventive care.
10. If patients have a strong financial history with the practice, they may be given the option to pay one-half at start of treatment with the balance being divided into three payments to be paid in full within ninety days.
11. To better control the cost of dental care, it is our policy to remove from the schedule any appointment not confirmed 24 business hours prior to the scheduled appointment time. A \$25 fee will be assessed for any confirmed appointment that is cancelled without 24hours notice and \$50 fee will be assessed for any confirmed appointment that is not kept.
12. All accounts over 60 days old are considered delinquent and payable immediately. If payment is not received by 90 days, the account is referred to an outside collection agency or attorney's office and is reported to the credit bureau. The patient or responsible party is responsible for all attorney and/or collection agency fees and court costs.

**As always, our primary goal is to provide the finest dental care available to all our patients. Thank you for your cooperation in assisting us in the process.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_