

# **Bright Smiles**

## **Financial and Appointment Policy**

### **Insurance**

As a courtesy to our patients Bright Smiles will file your dental insurance for you upon your behalf. Your co-pay and/or portion are due the day of service. If you do not have dental insurance payment in full is expected unless financing is arranged prior to treatment. Please feel free to ask our staff for estimates on your future treatment.

### **Appointments**

If for some reason an appointment needs to be rescheduled please do so at least 24 hours in advance. If an appointment is missed or canceled the day of appointment a fee of \$25.00 per half hour scheduled may be charged to the account.

### **Collections**

If a balance is not paid in full after all insurance has been collected then the practice has no choice but to send the account to collections. If the account is sent to a collection agency a fee will be added to the balance due to cover the collection agencies fees.

This acknowledges that I have reviewed the above policies...

**Name** (print): \_\_\_\_\_

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

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