

Financial policy for Creative smiles Dental Clinic

We offer two different options in which your dental treatment can be paid. Please choose one of the following options.

Option One

You may pay in full at the time of service, after which we will submit your dental claim on your behalf and have the insurance company issue the cheque directly to you.

Option Two

As a courtesy to our patients, Creative Smiles Dental Clinic will direct bill to the insurance company. For assignment of benefits, we request that a valid credit card number be left on file and will be kept in a secure location in our system.

I authorize Creative smiles Dental Clinic to keep my signature on file and to charge my credit card account for:

Charges apply as a result of broken appointments or short notice cancellations. We require 2 business days notice for CANCELATIONS or a cancelation fee of \$50 may apply. **SUNDAYS AND MONDAYS ARE NOT BUSINESS DAYS.**

Patient name (s): \_\_\_\_\_

Card holders name: \_\_\_\_\_

Card holder's signature: \_\_\_\_\_

Insurance Authorization

I hereby authorize payment directly to Creative Smiles Dental Clinic for services rendered, otherwise payable to me. I authorize the release of any information relating to my dental claims through this office.

Authorize signature: \_\_\_\_\_ Date: \_\_\_\_\_