Financial Policy

Smile Cabarrus
5000 Hwy 49 South
Harrisburg, NC 28075

Please initial that you understand the following statements:

_____ ****** As a courtesy to our patients, Smile Cabarrus will prepare and file the patient's insurance forms & assist in collecting payment from dental insurance companies. As a patient, I must provide the dental insurance information, along with a unique member ID and/or SSN. Failure to provide this information will prevent filing of a dental claim for my visit and I must pay for my visit in full at the time services are rendered.

_____****** I understand that due to insurance policy changes and/or necessary changes in treatment plans, the insurance coverage may vary from the estimated treatment calculation. I acknowledge that this is an estimate only, and I understand that I, not the insurance company, am ultimately responsible for payment in full for all services rendered.

_____****** **I understand that Dr. Chaney is OUT OF NETWORK with ALL insurance companies and that Dr. Yuliya is only in network with Delta Dental Premier.**

_____ ** I understand that Smile Cabarrus **WILL NOT FILE TO MEDICAL INSURANCE**.

_____ ****** I understand that a **$100 reservation fee will be required to reserve an appointment in excess of 90 minutes with Dr. Chaney and/or Dr. Yuliya.** The reservation fee is non-refundable if I fail to give a 24 hour notice to cancel the scheduled appointment.

I understand that all services are due to be paid in full within sixty (60) days of the date of service, whether or not my insurance benefits have been received. Should my account exceed sixty days, one and one-half percent (1.5%) interest per month (18% per year) will be charged. There are no guarantees of insurance benefits.

_____
Printed name of patient/parent/guardian

_____ _____ _____
Signature of patient/parent/guardian Date Relationship to Patient

I certify that a member of the office staff offered to explain questions I have regarding this form.

_____ _____ _____
Signature of patient/parent/guardian Date Relationship to Patient