



OFFICE POLICIES

PLEASE BE ON TIME FOR YOUR APPOINTMENTS. If you arrive more than 10 minutes late for your scheduled appointment, you may be asked to reschedule. This is for your benefit as well as those of other patients being treated.

PAYMENT IS DUE AT THE TIME OF TREATMENT. We accept cash, check, and major credit cards. We also accept CareCredit and Springstone which are third party financing companies that allow you to start treatment today and spread payments over time. Applying for CareCredit or Springstone only takes a few minutes and there is no fee to apply.

Please note the method of payments that we accept at our office:

- Cash
- Check
- Major Credit Card
- CareCredit (subject to credit approval*)
- Springstone (subject to credit approval*)

*If your credit application is denied, another form of payment listed above is required.

I am the patient or parent/guardian and I authorize the examination and treatment as necessary by or under the supervision of the Doctor(s) of Smiles On Cass. This includes exposure of radiographs as necessary, use of local anesthetic, and the use of appropriate medicaments and materials for such treatment. By my signature below, I consent to the treatment described in this document. I have had the opportunity to read this form and ask questions. My questions have been answered to my satisfaction. I consent to the proposed treatment.

Treatment not covered by your insurance policy is your responsibility. Payment of estimated payment portion is expected the day services are rendered. If a debt is sustained with us, your information and account will then be forwarded to a collection agency/or lawyer to handle settlement of your account. If this occurs, you as the patient or parent/guardian will be responsible for any and all finance charges, court costs, collection agency fees and/or attorney fees.

A COURTESY OF TWO BUSINESS DAYS NOTICE IS REQUIRED IF YOU ARE UNABLE TO KEEP YOUR RESERVED APPOINTMENT. Please note that there may be a \$50.00 charge if two business days notice is not given. Your insurance does not cover this charge.

Signature of Patient/Responsible Party

Date

Signature of Guardian

Date