



## **BRIGHT DENTAL STUDIO FINANCIAL ARRANGEMENT FORM**

We are committed to providing you with the best possible dental care and are pleased to discuss any and all of our professional fees at any time. Your clear understanding of our Financial Arrangement policy is very important to our professional dental relationship. If you have any questions or concerns, please ask one of our team members.

We request that you settle your account by paying for treatment at the time service is rendered. For your convenience we accept Cash, Personal Checks, Visa, MasterCard, Discover, American Express and Care Credit.

**INSURANCE** – Your insurance benefits are determined by your employer, not by your dentist. Insurance is not a guarantee of payment; they will not pay for all of your costs. Your insurance policy is a contract between you and your insurance company. Your insurance and personal payment portion is your responsibility. As a courtesy, we will file your insurance claims for you if you bring 1) your dental insurance card and 2) all required employer information. If our office is unable to verify your insurance information before treatment, you will be expected to pay for services in full on the day of your visit. If payment for previous services has not been paid in full within 45 days, either by you or your insurance company, **the remaining balance for treatment is considered due and collectible.**

**FINANCIAL ARRANGEMENTS** – Financial arrangements must be determined before any treatment begins and will only be extended to patients having major comprehensive dental treatment. Fees and time frame will be discussed prior to beginning treatment. We have several options available which will be discussed when you meet with a treatment coordinator.

**NEW PATIENT/URGENCY APPOINTMENTS** – We will be happy to make an appointment for you to take care of your treatment needs. For these specific appointments, payment will be collected IN FULL at the time of service until you are established in our practice as a participating patient. Once established, regular payment policies will apply.

**BROKEN APPOINTMENTS/SHORT NOTICE CANCELLATIONS** – A phone call and/or letter will be extended to patients who do not show for their appointment. The first broken appointment, a warning will be given stating the procedure that will be followed in the future. At the second consecutive broken appointment, a \$50.00 fee will be assessed to your account. Appointments are reservations made for you. Therefore, we request a 24-hour notice if you are unable to keep your scheduled appointment.

We reserve the right to charge and collect fees for appointments that are canceled or broken without 24 hours advanced notice. Appointments are reserved exclusively for you. If canceled or broken, the time is taken away from other patients who are waiting to be placed in our schedule.

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Printed Name

Signature

Date