



20057 Interstate 45, Spring, TX 77388

FINANCIAL POLICY

PATIENT PRINTED NAME

DATE

Thank You for choosing Immediate Smiles Dentures & Dentistry, located in Spring, TX, to be your new dental home. We truly appreciate the trust you are placing in us to advise you regarding your dental health. Our goal is to provide an exceptional experience every time you come to us. Part of that experience is to make sure you are informed about your financial responsibilities.

PAYMENT AND INSURANCE

All professional services performed at Immediate Smiles are done so on a cash or cash equivalent basis only and payment is due in full at the time services are rendered. Debit and credit cards are accepted. We offer several third-party financing options, which guests may be eligible for with approved credit. These third-party financing options involve a revolving charge account once the application has been approved.

We want to make your experience as streamlined as possible. With that in mind, we file to most major insurance companies on your behalf. We do so with the understanding that you, our Guest, will assign your rights to the insurance benefits to us in full. We require that Guests pay their estimated amount towards the total cost at the start of treatment. Please make sure to remember that all professional services performed at Immediate Smiles are rendered to Guests and not to the insurance company. **Ultimately, our Guests are responsible for the total charges regardless of insurance filing or insurance company involvement.**

CERTAIN INSURANCE PATIENTS

I understand that I may choose to purchase a denture(s) or other category of dental treatment that is priced above what my insurance is willing to cover. I agree to pay \$_____ out of my own pocket since my insurance will only cover \$_____ of my denture(s) or other category of dental treatment. I want the increased value (Warranty + Tooth Upgrade) associated with the dental treatment and I am willing to pay out of pocket for it.

PATIENT SIGNATURE

50% DOWN PAYMENT, WHEN APPLICABLE

I understand that certain services, consisting of crowns / bridges, partial dentures, implant crowns, etc., rendered by Immediate Smiles will require paying half (½) of the total price for each item at the time of procedure start. For instance, if I am scheduled to get a nine hundred ninety-five-dollar (\$995) crown, I will pay four hundred ninety-seven & 50/100 dollars (\$497.50) at the time the crown is prepared. From that preparation and subsequent impression, the actual crown will be made. A similar policy applies for the other services mentioned above.

The half (½) payment helps cover the costs of preparation of the teeth, impression taking, and / or dental prosthetic creation labor, materials, and overhead. This amount is what I will pay at the preparation / procedure start date regardless of any insurance coverage I have. Should you fail to return for placement of the permanent crown / bridge or other item (i.e., partial denture, full denture, etc.) then I realize that the half (½) payment will serve as a payment in full for the costs mentioned in the paragraph above. I understand that I shall have no claim to the return of that money.

If I delay the seating of my final crown / bridge or other prosthesis, I understand that the prosthesis may not fit properly any longer as the structures in my mouth can change over time. In such events, I may have to pay for new impressions to be made or for a new prosthesis to be made or both. In this instance, I will have to pay half (½) of the total price again for each new item at the time of impression. If I return as scheduled, I will receive my crown / bridge or other prosthesis and I shall at that time owe the other half (½) payment whether by cash, credit card or third-party financing (if pre-approved or insurance).

RETURNED CHECK AND CANCELLATIONS FEES

At the sole discretion of Immediate Smiles, the office may assess a bad check fees of twenty-five dollars (\$50.00) for any check returned for insufficient funds (NSF) or for stop payment or which is return unpaid for any other reason. Further, the office may charge a no-show fee of fifty dollars (\$50.00) for any appointment that is scheduled but missed by a patient for reasons other than the office's closure.

SIGNATURE OF PATIENT OR PATIENT'S LEGAL GUARDIAN

DATE OF SIGNATURE