

# SUNBRITEDENTAL ASSOCIATES FINANCIAL POLICIES

We at SunbriteDental Associates are proud to be part of a team whose primary mission is to deliver the finest and most comprehensive care today. We feel a clear understanding of our office policy is important to our professional relationship.

## INSURANCE

As a courtesy to our patients we gladly process your insurance claim. We participate in many insurance plans, but please inquire if we accept yours to avoid billing problems later. We **ESTIMATE** your deductible for the year and your portion due that is not covered by insurance. The total portion that is not covered by insurance is **DUE AT THE TIME OF YOUR APPOINTMENT**. Parents **MUST** send co-pays due in with minors at the time of their appointment. Please initial \_\_\_\_\_

## MISSED APPOINTMENTS/CANCELLATIONS

Twenty four (24) hour notice is required for cancellation of appointments. We reserve the right to charge a fee for broken appointments or ones that are not cancelled beforehand within a reasonable time frame. If repeated "No-Shows" occur, you will be discharged from care. Please initial \_\_\_\_\_

## PAYMENT OPTIONS

1. Cash
2. Personal Check
3. Visa, Master Card, Discover and American Express
4. CARECREDIT
5. Lending Club
6. iCare

## ADMINISTRATIVE FEES (If Applicable)

- Returned checks are subject to a \$35.00 fee.
- If collection and/or legal services are required to obtain payment, I further agree to pay for all legal fees and costs incurred.

I understand and agree that, regardless of my insurance (if applicable), I am ultimately responsible for the balance on my account for all charges and services rendered. I have read all the information on this sheet.

If you have any questions, please feel free to inquire before signing below.  
*I have read and understand the above policies.*

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guarantor Signature: \_\_\_\_\_ Date: \_\_\_\_\_