



**Primary Dental Insurance Information.**

Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Group ID \_\_\_\_\_

Employer Name \_\_\_\_\_ Subscriber Name \_\_\_\_\_

Subscriber birth date \_\_\_\_\_ Subscriber SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Subscriber ID # \_\_\_\_\_

Subscriber's address (if different than above) \_\_\_\_\_

**Official Financial Agreement.**

Today's visit will be paid by:      Cash      Check      Credit Card *(all major credit cards)*

All fees for services rendered are due at the time of the appointment.

All returned checks must be paid in cash within 10 days with a service charge of \$35.

We will try to give an accurate estimate of your dental insurance coverage benefits. Insurance company provides general information regarding policies which creates difficulty in determining the exact estimate of visit costs. A dental insurance plan is a contract between the employer and the insurance company to partially pay for certain services. We will file for dental insurance at no additional cost as a courtesy for our patients. Although we verify the basic insurance coverage information estimate, there is no guarantee that charges will be covered by your insurance company. Any charges not paid by the insurance company remain the responsibility of the patient.

Secondary insurance can be filed for you, but you will be responsible for paying this as most secondary insurance is sent directly to the subscriber.

*I, the undersigned, certify that I (or my dependent) have dental insurance, and assign all insurance benefits ,otherwise payable to me, directly to Healthy Smiles Dentistry. I authorize the use of this signature on all insurance submissions.*

*I have read the above conditions of treatment and payment and agree to their content.*

X \_\_\_\_\_  
Signature (for financial responsibility) \_\_\_\_\_  
Date

**Broken/missed Appointment Policy:**

*It is extremely important that all patients honor their reserved dental appointments. Failure to give 48 hour notice to change or cancel an appointment will result in \$50.00 fee.*

X \_\_\_\_\_  
Signature \_\_\_\_\_  
Date

*Thank you for giving us an opportunity to serve you!*