

Financial Agreement for the Smile Center of Orlando (IMPORTANT)
Our mission is to deliver the finest, most cost effective health care treatment available today!

As our patient, in consideration of the services received from the Smile Center of Orlando, you agree:

- ◆ To be responsible for all expenses incurred for treatment, regardless of insurance coverage, if any
- ◆ Full payment or full co-payment is due at time service is provided (see below for payment options)
- ◆ *As a courtesy, we will verify your dental benefits & file your insurance claims up to 30 days after treatment, however it is ultimately your responsibility to call your insurance company and verify coverage, follow up on ANY and ALL outstanding claims, to know your plan & know remaining available benefits. All charges incurred are your responsibility regardless of insurance coverage, estimates given by our office, benefits which were verified by our office, or status of claims. All account balances over 90 days are subject to being sent to the Credit Bureau / Equifax.*

We must emphasize that as your dental care provider, our relationship is with you, our patient, and not with your insurance company. Your insurance plan is a contract between you and your employer and the insurance company. Our office is not a party to that contract or any possible restrictions.

Payment Options for our Patients

In order for us to uphold our mission statement and keep our fees to you as low as possible, we require you to pay for today's visit and future visits at the time of treatment. However, we do offer several alternative payment options for your convenience:

- ◆ **Cash, Check, Money Order, American Express, Master Card, Visa, Discover or Checkcard**
- ◆ **Three Consecutive Payments** interest free through our office. Total fee owed will be divided as follows: 25% down payment is due at the first treatment visit. The remaining balance will be split into three equal payments (due on the 15th or the 30th of the next three months). These remaining three payments must be left with us either by individual postdated checks or a credit card number to automatically take payment ***.
- ◆ **Care Credit** specializes exclusively in helping patients with larger dental or orthodontic cases to have the smile they want and deserve. With fast approval, this company typically can offer you a smaller monthly fee over a longer period of time, with no down payment and no prepayment penalty than what our office can provide you. Their rates usually range between 0% (INTEREST FREE) and 13.9% and are easy to apply.
- ◆ **Orthodontics & Treatment Plans Greater than \$3000**, A 30% down payment will be due at the first treatment visit, you may then finance the remaining balance over the next 12 months with no interest, provided the remaining payments are left with us as post dated checks or a credit card number for automatic payment ***.

*** As our guarantee not to deposit your check or take payment on your credit card prior to the due date, we will credit your account for an amount **equal to and in addition** to that payment which is due if payment is taken prior to the due date.

Guarantee of Work

The Smile Center of Orlando guarantees its dental work for 24 months after the service has been completed, provided you have maintained your two regularly scheduled preventive appointments annually.

I HAVE BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS. I HAVE READ, UNDERSTAND AND AGREE TO ALL OF THE ABOVE. And, if I have insurance, I hereby authorize my insurance company to pay my dental benefits directly to the doctor. I authorize the Smile Center of Orlando to release any of my medical information to my insurance company, as needed to process my insurance claim.

Signature of Patient or Responsible Party

Date