



Susan Haynes DMD

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Written Financial Policy

Thank you for choosing Let's C U Smile PLLC, Susan Haynes DMD. The following is our financial policy. Our main concern is that you receive the proper and optimal treatments needed to restore your health. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options. If you have any questions or concerns about our payment policies, please do not hesitate to ask our office manager. We ask that all patients read and sign our financial policy, complete our patient information and consent form prior to seeing the doctor. **Payments for services are due at the time services are rendered.**

Payment Options:

You can choose from:

- Cash or Check
- Visa, Mastercard or Discover Card
- Convenient Monthly Payment Plans¹ from CareCredit
 - o Allow you to pay over time
 - o No annual fees or pre-payment penalties

Please note:

Susan Haynes DMD requires payment prior to the beginning of your treatment. If you choose to discontinue care before treatment is complete, you will receive a refund less the cost of care received.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.

- o Your insurance policy is a contract between you, your employer and the insurance company. **We are not a party to that contract and cannot guarantee any payment by your insurance company.** Our relationship is with you not your insurance company.
- o **All charges are your responsibility whether your insurance company pays or not. Not all services are covered benefit in all contracts. Some insurance companies arbitrarily select certain services will not be covered.**

- Fees for these services, along with unpaid deductibles and co-payments are due at the end of treatment.
- However, if we do not receive payment from your insurance carrier within 45 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.
- Let's C U Smile charges \$55 for returned checks.

PROFESSIONAL FEES, EXPENSES, COSTS. If any actions or proceeding is instituted to enforce any term of this agreement, the party prevailing in that action or proceeding shall be entitled to recover his/her/its reasonable attorney's fees, consultants' fees, Collection fees, also to recover his/her/its litigation expenses and court costs, as may be determined by the court.

We understand that temporary financial problems may affect the timely manner in which your balance is paid. We encourage you to communicate any such problems so that we can assist you in the management of your account. Again, thank you for choosing Let's C U Smile as your dental provider. We appreciate your trust in us and we appreciate the opportunity to serve you.

If you have any questions, please so not hesitate to ask. We are here to help you get the dentistry you want or need.

X

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)