

OFFICE POLICIES

Financial Policy

Thank you for choosing Mohr Smiles Dentistry. 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.

Payment Options: Our office requires payment at the beginning of your treatment.

- Check, Visa, MasterCard, American Express or Discover Card
(If bank fees are incurred for a returned check, those fees will be applied to your account)
- Convenient Monthly Payment Options from CareCredit Healthcare Credit Card (Subject to credit approval)

For patients with dental insurance we are happy to work with your carrier to maximize your benefits and directly bill them for reimbursement for your treatment. Your dental plan is designed to assist you with dental care costs. It may not cover the total cost of your bill. The contract negotiated with your insurance carrier defines your dental benefits. Please read the benefit or insurance plan booklet provided by your carrier to better understand your benefits.

If we do not receive payment from your insurance carrier, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance.

I understand and agree, in the event that is necessary to place the account with a collection agency to collect the balance due, an additional 35% of the principal balance due will be added. In addition, should legal action become necessary to collect the balance due, I understand that I will be responsible for but not limited to reasonable attorney's fees, interest and court costs. I also understand that if my account is placed with an agency for collection or placed with an attorney for legal action that a credit report may be pulled for the sole purpose of collection of the delinquent account.

Treatment Plan Policy

Your treatment plans, as they are presented to you, are based on your current diagnosis. If conditions change or unforeseen issues arise during treatment, your treatment needs may change. During treatment, it is not always feasible to stop and discuss costs and consent. The doctor will deliver the treatment needed based on your desired outcome and your best interests.

Appointment Policy

We understand that there will be certain circumstances that may require you to change or cancel appointments. However, as a courtesy, we ask that you provide us with **48 business hour** notice so that we may provide the opportunity to offer another patient your scheduled time. We reserve the option to charge a fee of \$50 for patients who fail, change or cancel their appointment without 48 business hour notice.

Photo policy and consent

Photos of your teeth will be taken at your initial exam and occasionally during the course of care. These photos are protected by HIPAA privacy regulations and will be kept as part of your CONFIDENTIAL record. At times, however, we might like to use your photos for other purposes.

Please check any or all of the choices below to authorize use of your photos:

_____ For educational and academic purposes only.

_____ For website, social media, advertising, promotion.

Would you like us to use only photos that DO NOT disclose your identity? ____Yes ____No

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)