



Payment Policy

Thank you for choosing Smile Bright Dentures as your one stop solution for dental and denture services. We're committed to providing you with quality dental & denture services backed by a team of dedicated professionals who are committed to getting you smiling again. This form will explain our payment policy to you, to ensure there are no delays in your dental & denture service. If you are using Insurance, please confirm your benefits prior to your appointment.

Types of Payment: We accept the following types of payment. Cash, Credit Card (Visa, MasterCard, American Express, Discover), Cashier's Check, Money Order.

Dental Insurance Patients: We accept several dental insurance plans and some we do not accept. Since we are not affiliated with any insurance company, it is your responsibility to know all the specifics of your dental insurance plan. If we do not work with your insurance plan, payment (in full), shall be required for services provided on the same day. Please bring a current insurance card with you. If your card is not current or if you do not bring your card with you at the time of service, payment in full will be required until we can verify your insurance. **Proof of Insurance:** All patients must fully complete the patient information form before seeing the dentist or denturist. We will also require a copy of a valid ID such as a driver's license or state ID along with a valid dental insurance card. Any delay in providing this information may render you responsible for the balance of a claim.

Deductibles & Co-payments: Your co-pay is considered your down payment and the entire co-pay amount will be due at the time of service. If your insurance requires you to pay an annual deductible and or co-pay, these amounts will be due at the time of service. This means, your insurer may pay for a percentage of the services you have requested and you are responsible for the other half (Co-pay). Your Co-pay is due in full at the time of service & the other half will be billed to your insurer. Please note, we can only bill your insurance for the percentage owed of the total service amount. Therefore, we must collect your co-pay and or deductible at the time of service. Requests to bill an insurer before services are completed or differently other than the percentage of the amount owed, will be considered fraud and will not be allowed by Smile Bright Dentures.

Services Not Covered: Your insurance may not cover all services or may not allow provide services for a period of time. Some Dental & Denture services may be considered non-standard or premium, not reasonable or necessary by your insurance. If this is the case, any items not paid by your insurance will be added to your total due and will require payment in full at the time of your visit.

Insurance Claim Submittal: Our staff will do their best to help ensure your dental claims are paid by the insurer. Please Note: If your insurance company does not pay, the unpaid balance will be added to your claim, with the balance owed by you. Smile Bright Dentures does not have any relationship to or with the contract you agreed to with your dental insurer. You may wish to contact your insurance company to discuss this possible scenario before requesting services from Smile Bright Dentures.

Changes with Your Insurance: It is your responsibility to notify Smile Bright Dentures immediately of any changes to your insurance plan or if your insurance has ended, or will end soon. By notifying us immediately, we can make the required changes to your plan to make sure you receive the maximum benefits possible under the plan. Any amounts not paid by your insurer within 30 days will be billed to and due by you directly within 30 days of the invoice date or at the time of service.

Non-Insured Patients - Cash: For Denture Services provided and completed on the same day, payment shall be due in full on the same day, upon completion of work. For Denture Services which require more than one appointment, a 50% down payment will be due at the first appointment with the balance due upon completion and delivery of the completed work. For Dental Services, payment shall be required in full for each completed portion of the treatment on the same day. Third Party Payers: *Individual* – payment is due upon commencement of services with the balance due upon completion of services. Third Party Payers: *Institutional* - payment is due within 30 days from the date of service. Please review our **Third Party Payer Agreement for details.**

Refunds: Upon commencement of services, if the patient request a refund before or after delivery of the new dentures, the patient will incur a minimum fee of \$150 up to a maximum of \$550 for the following: Labor & Materials fee and Outside Dental Laboratory Service Fees if applicable. All refund requests will be determined on a case by case basis & may not be granted. All approved refunds shall be prorated as follows: 1 to 30 days from the date of Acceptance/Delivery – 50% refund. 31 to 60 days from the date of Acceptance/Delivery - 30% refund. 61 to 90 days from the date of Acceptance/Delivery – 20% refund. No refunds shall be provided after 90 days from the date of delivery. New Denture(s) must be returned within 4 business days to Smile Bright dentures in undamaged original condition. In order to be considered for a refund the patient must complete the following steps: 1. Schedule a free denture & limited oral exam with Smile Bright Dentures. 2. Allow the Denturist the opportunity to resolve any dissatisfaction, discomfort or pain with their denture(s) by performing one or all of the following denture procedures: Adjust the denture(s), repair or reline the denture(s), or re-do the new denture(s). After delivery of the dentures, patients who request a change of the teeth shade and/or size will be charged an additional fee to redo or rebase their denture(s). Should the patient direct any credit card or banking institution to cancel payment or to automatically adjust the amount paid for the denture services to any Smile Bright bank or credit account, once delivery has taken place, the patient will be billed directly at the non-insurance price for the denture service(s). The patient may also be liable for collections, legal fees and interest charges associated with collection of a debt. The patient's credit rating may be affected. No refunds shall be allowed for special request items such as Gold teeth or novelty teeth...etc. Work performed on the dentures by the patient, or a different dental or denture clinic, during the warranty period, will void this offer.

Past Due Amounts: On invoices past 60 days due, we will inform you by letter with the following information: Balance due, services provided, and a request to pay the balance due within 15 days. Not paying your balance due will require that we send your account to collections, of which you will be liable for any fees or court costs associated with the collection of the debt. Furthermore, interest may apply and may be added to the balance due. By signing and dating below, the patient understands and agrees with the terms of the Smile Bright Dentures payment policy.

Signature Patient, POA, Guarantor _____

Date _____