LEGACY SMILES
Family Dental

Financial Policy

We are committed to providing high-quality dental care and clear communication regarding treatment costs. This policy outlines your financial responsibility for services received.

Payment Responsibility

Payment is due at the time services are rendered unless prior arrangements have been made in writing. By signing below, you agree to be financially responsible for all charges incurred for services provided.

Payment Options

- We accept cash, check, major credit cards, and third-party financing (e.g., CareCredit).
- For larger treatment plans (such as crowns, bridges, or extensive procedures), a deposit may be required at the start of treatment, with the remaining balance due upon completion. To help offset the cost of credit card processing, a 3% surcharge will be applied to all payments made by credit card. This surcharge does not apply to payments made by cash, check, debit card, or other non-credit card payment methods. Credit balances of $100.00 or less will remain on your account and be applied to future treatment or outstanding balances unless you request a refund. You may request a refund of your credit balance at any time, and we will process your request promptly.

Insurance

As a courtesy, we will submit claims to your insurance provider on your behalf. However:

- Insurance coverage is determined by your provider, not our office
- Estimated patient portions are not guarantees of payment
- You are ultimately responsible for all charges, regardless of insurance coverage

Any balance not paid by your insurance provider within 30 days may be billed to you directly.

Past Due Accounts

Balances over 30 days past due may incur a finance charge of 1.5% per month (18% annually), or the maximum allowed by law. Delinquent accounts may be referred to a collection agency. You agree to be responsible for all costs of collection, including administrative fees, collection fees, and reasonable attorney fees where permitted by law.

Missed Appointments

We require 48 hours' notice for cancellations or rescheduling. Missed or late-cancelled appointments may result in a $75 fee per hour. Repeated missed appointments may result in dismissal from the practice.

Returned Payments

A fee of $45.00 may be charged for returned checks or failed payment transactions.

Minors

The parent or legal guardian accompanying a minor is responsible for payment unless prior arrangements have been made.

Assignment of Benefits

You authorize Legacy Smiles Family Dental to submit insurance claims and receive payment directly from your insurance provider. This does not waive your responsibility for any unpaid balance.

Acknowledgement

I have read and understand this Financial Policy and agree to its terms.

Patient Name: _____Signature: _____

Date: ____/____/____