



Insurance Information

Names of children covered under this policy _____

*Person Carrying Insurance _____

*Their Birthday _____ *Relationship to Child _____ *Home Phone _____

Home Address (if different than child) _____

*Employer _____ *Business Phone _____

*Insurance Company _____ *Phone Number _____

*Insurance Company Address _____

*Group Number _____

*Subscriber Number _____

*is your child covered by a secondary insurance company? _____

As a courtesy to you, we will bill your insurance company for treatment rendered. Please be advised that you alone are responsible for the payment of this account. Any negotiations of payment, whether estimated or final, are between the insured and the insurance company. We are not party to this contract. It is not the responsibility of The Smile Academy to determine what your insurance will or will not cover. Your insurance company makes the final determination of your eligibility and benefits. By signing this document, you agree to pay any charges incurred.

Financial Information

Monthly Statement: If there is a balance on your account, you will receive a statement. The balance reflected is due upon receipt of the statement.

Insurance co-payment: For restorative treatment we will request an estimate of dental benefits (EOB) from your insurance provider. The EOB will determine the estimated portion of the upcoming treatment fee that will be the patient responsibility (co-pay). Your insurance provider may or may not send you a copy of this EOB. If you do not receive a copy of the EOB, it is your responsibility to call our office prior to the appointment in order to determine your estimated portion of the restorative charges. **Your co-payment is due at the time of service.** Your insurance company will determine your exact co-payment after processing your claim. If a balance still remains after we have received insurance payment, you will receive a statement for the remaining balance.

Charges to Account: We shall have the right to cancel your privilege to make charges against your account at any time. Future visits would then need to be paid in full at the time of service, regardless of insurance.

Broken Appointment Policy: If you are unable to keep your appointment please give our office no less than a 24 hour notice. Failure to give us notice is considered a broken appointment. Each family is allowed three (3) broken appointments in a one (1) year period. Additional broken appointments will result in dismissal.

Composite Restorations: It is the policy of The Smile Academy to use composite (tooth colored) restorations on anterior and posterior teeth instead of amalgam (silver) restorations in most cases. Most insurance companies will cover the fee for an amalgam restoration on a posterior tooth regardless of which restoration is done. You will be responsible for the difference in cost. If you prefer amalgam restorations instead of composite restorations please consult the Dr. **before** any treatment is rendered.

I authorize any insurance company, acting on my behalf, to pay The Smile Academy all insurance benefits otherwise payable to me for services rendered. I authorize the use of this signature on all insurance submissions.

I authorize The Smile Academy to release all information necessary to secure the payment of benefits. ***I understand that I am financially responsible for all incurred charges to this account.***

Signature _____ Date _____