

Bright Smile Dentistry

B. Clay Williamson, DDS

Financial Policy

1. Payment is due in full at each visit when services are rendered.
2. We accept cash, check, major credit cards, and insurance as payment.
3. Insurance: Patient's portion is due in full at each visit. Patient is responsible for all balances not paid by insurance within 45 days from date of service. Billing and Finance charges may apply.
4. If we are unable to verify insurance eligibility or amount of reimbursement, we will require prepayment for all services. We will be happy to help file claims for patient reimbursement.
5. Accounts that become delinquent (with no payment activity) for 60 days will be referred to a collection agency. There will be a \$30 surcharge added to the delinquent balance to cover the cost of collections.
6. Payment will be collected at beginning of appointment, prior to being seen by clinical staff.
7. We offer outside financing through CareCredit.

Scheduling Policy

1. Financial arrangements must be made prior to scheduling dental procedures.
2. We require 24 hours notice to cancel or reschedule an appointment. If less than 24 hours notice is given, a \$25 per hour fee will be charged to your account to cover lost time and human resources.
3. No show/No call (not showing up or calling to cancel) will result in a \$50 per hour fee charged to your account to reimburse for lost resources (OSHA fees & Human resources).
4. All procedures requiring two or more hours will require a non-refundable deposit.
5. We take all measures necessary to accommodate your personal time for scheduling, please inform us of any time & day preferences.

On Time Policy

1. We strive to stay on time with each and every appointment. From time to time, we will experience emergencies or procedural delays that require our immediate attention. These emergencies may delay the time in which you are seen by the dentist. Please be patient with us as we will be with you as soon as possible. We would always give you the same attention. In most cases, your treatment can still be completed in the allotted time. We will keep you informed of our progress and you will always be given the option of rescheduling.
2. We expect our patients to be on time and ready to proceed. Delays in arrival only create stress for our staff and patients scheduled after you.

These policies were created to insure the delivery of the most advanced high quality care available in dentistry today, control cost, and keep fees reasonable. We thank you for your understanding and cooperation.

I have read and agree to honor the above financial policy in fulfillment of any and all financial obligations incurred by me on behalf of myself and all persons whom I am financially responsible for.

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_