

AS4U0716- OFFICE POLICIES



Dentistry & Orthodontics

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A SMILE 4U - OFFICE POLICIES

OFFICE POLICIES

COMMERCIAL INSURANCE

As a courtesy to our patients, we will gladly submit your insurance claim to help you obtain the maximum benefits from your insurance.

- Dental insurance is based on the premium paid by you &/or your employer.
- Dental insurance helps pay the cost of dental care.
- Dental insurance policies may not cover services performed. It is your responsibility to contact your insurance company for complete details of coverage.
- Patients are responsible for all charges insurance does not cover. In addition, you are also responsible for your co-payment.
- Your estimated portion not covered by insurance is due on the day of your dental services.
- Estimates given in our office are not guaranteed.

MEDICAID INSURANCE

As a courtesy to our patients, we will gladly submit your insurance claim to help you obtain the maximum benefits from your insurance.

- All services provided may not be covered under Medicaid.
- Patients are responsible for all charges not covered by Medicaid. You must sign a non-disclosure form.

SECONDARY INSURANCE

- We do not accept secondary insurance. However, we will provide you with the necessary paperwork for you to file.

PAYMENT OPTIONS

We realize that each person's financial situation is different. Therefore, we provide several different payment options. For your convenience, we accept:

- Cash
- Major credit cards: Visa, MasterCard, Amex, Discover
- Third Party Financing: Care Credit

REASON FOR RECEIVING A STATEMENT

You will receive a statement based on the following criteria:

- Difference between estimate of treatment and actual insurance payment.
- Any fees billed to your insurance company that are not paid within 30 days of the original dental treatment are billed to you for payment.
- If no payment is received, additional steps will be taken to collect the debt.
- We do NOT do pre-authorizations for ANY SERVICE AT ALL. The patient will be responsible for all payments for services requiring preauthorizations. The patient does have the option of filing their on pre-authorizations with their insurance, and we will provide you with the necessary paperwork for you to file.

- If at any point you switch providers / dentist, be aware that treatment plans and payment amounts may vary based off each dentist's diagnosis.

BROKEN APPOINTMENT POLICY

- Please consider your scheduled appointment carefully, as we reserve this time for your dental care.
- If you must break your appointment, we require a **24-hour cancellation notice** to avoid a \$50.00 cancellation fee. *Your dental insurance will not pay for this charge.*
- If you fail to show or cancel three (3) appointments, all future appointments will be walk-in only and we may be required to inform your insurance provider.
- If the appointment is for treatment over \$500, there will be a required deposit of \$100 or the appointment will NOT be made.

LATE ARRIVALS

It is important to arrive on time for your appointment. Please call our office if you are going to be late. If you are more than 15 minutes late, we will need to reschedule your appointment.

BEHAVIOR (MINORS)

Treatment for minors includes efforts to guide their behavior during treatment through praise, explanations and demonstrations. If a minor becomes uncooperative during the dental procedures, dental treatment cannot be provided safely. We will stop treatment and refer the minor to our IV Sedation Department.

FAMILY MEMBERS IN TREATMENT AREA

- Hygiene area
- The size of this area is limited. Therefore, family members are requested to stay in the waiting room area. Patients requiring a family member with them during hygiene treatment will be placed in the Quiet Room area.
- Operatory area
- The size of this area is limited. Therefore, family members are requested to stay in the waiting room area. If a family member requests to observe during treatment, they can view through the observation window.

MINORS (18 & under)

A parent or legal guardian must remain in the office during the minor's treatment.

CELL PHONES

Cell phones must be turned off during treatment and are not allowed in clinical areas.

Patient Signature: _____

Parent/Legal Guardian Signature: _____

(if patient is a minor under the age of 18)