

Sunnyvale Smile Care Financial Policy

665 S. Knickerbocker Drive, Suite 12
Phone: (408) 730-4064
Fax: (408) 730-5520
Email: iyadbakdach@gmail.com

WELCOME! Our goal is to provide you and your family with optimal dental care. We want you to feel welcome and as comfortable as possible throughout your treatment. We encourage you to ask questions and to get involved in treatment decisions. This includes understanding your treatment plan as well as our financial policy.

Financial Agreement : Patients are expected to pay for our services at the time they are rendered, unless prior arrangements have been made through our financial coordinator. For appointments 1.5 hr or longer co- pays must be paid at the time appointment is booked. For Invisalign treatments: all payments received from any form of payments are final after 30 days of the Invisalign initial visit. Cancellation fee of 25% and \$300 non refundable charge for impression cost. Our patients who have dental insurance are expected to pay the amount of their estimated co-pay and deductible at the time of service. Payments may be made using cash, check, Visa, MasterCard or American Express. We also offer [Care Credit](#), which is a financing option that is available only for healthcare expenses. We will mail monthly statements to all patients with an outstanding balance. Unpaid balances will be assessed a finance charge of 18% per annum after 60 days.

Patient Initial:

Insurance Information : As a courtesy to our insured patients, we submit claims to your insurance company free of charge. Most dental insurance plans do not cover 100% of the cost of your treatment. If insurance has not paid within 45 days of treatment you will need to make full payment to this office and be reimbursed when your insurance company pays. Please keep in mind that the dental insurance contract is an agreement between the patient and the insurance company; therefore, the patient is responsible for the bill, regardless of the insurance coverage. **After 45 days the patient is responsible to pursue payment from the insurance company.** All current documentation will be provided by mail in order to assist your inquiries. The insured has a better ability to deal with the insurance company and the employer responsible for the policy. The Human Resource department at the policyholder's company is a great resource.

Patient Initial:

If you are insured please: Be familiar with the coverage and deductible on your insurance plan(s). To help you better understand your dental benefits, read your plan description and call your employer/personnel dept. or insurance company regarding any questions you may have. Bring your insurance card and/or insurance form with you on your first visit.

Patient Initial:

Appointments : We try to maintain an efficient appointment system. However, our cost of providing care increases greatly when people fail to keep scheduled appointments or cancel at the last minute. We do charge a fee of \$50.00 per hour, when people fail to keep their appointments or cancel without a 48 hour notice (This does not include weekends). The charge is equivalent to our overhead expense for the amount of time scheduled. If you have any questions or concerns regarding our financial policy, please feel free to discuss them with us at any time.

Patient Initial:

Patient Name: _____

Patient Signature: _____

Date: _____