# Financial Agreement

1. At your appointment, your services will be filed with your insurance as a courtesy and your ***ESTIMATED*** portion is collected. **Payment is due in full** the day of the appointment as services are rendered. Each dental insurance policy is different and it is your responsibility to know and understand your individual benefits. Please note, we are unable to know exactly how much your insurance company will cover until we receive payment from the on the submitted services. If your insurance company does not cover a portion of the treatment performed, you will be responsible for the balance. For your convenience, we accept all major credit cards as well as CareCredit. There will be a $25 returned check fee assessed to your account if a payment is returned to us for any reason.

2. **Dental Insurance:** Schmitt Dental strives to provide all of our patients with the best quality care available and base our treatment recommendations on what we feel is best for your oral health not what your insurance company does or does not pay. Please review the following in regards to dental insurance coverage:

    a. As a dental care provider, our relationship is with you the patient and not your dental insurance company. Your dental insurance is a contract between you and your insurance company.
    b. As a courtesy, we will file your insurance claim for you at the time services are rendered. Please note that any amount that is not paid by your insurance for any reason will then become your responsibility. This may include: deductibles, co-payments, frequencies and procedures not covered by your dental insurance.
    c. Some insurance companies downgrade services, they determine if they will pay for a less costly service than the covered service performed by the dentist. For example, composite fillings and porcelain crowns may be downgraded to the amalgam filling or full metal crown benefit. The difference between the service that was performed and the less costly service will then become your responsibility. Any co-payment that is collected at the time of visit is an ESTIMATE. Please understand that it is ultimately your responsibility to find out if your insurance is in or out of network with us.

3. **Confirmation/Cancellation Policy:** In order to accommodate our patient's needs, we require all appointments to be confirmed 48 hours prior to the scheduled date. If your appointment is not confirmed this can delay your treatment. We require a minimum of 48 hour ***VERBAL*** notice prior if unable to keep your appointment.

    **By singing below I have read and understand my financial obligation and agree to abide by this policy.**

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**Signature** **Date**

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