



## *Advanced Smiles Dental, P.A.*

Excellence in Cosmetic and Family Dentistry

### Patient Financial Policy

As proud members of the community, Advanced Smiles Dental is dedicated to making you feel at home. We offer the latest in advanced dental technology in order to provide you with the highest quality dental care. Our staff will work with you in regards to any financial concerns you may have. Our goal is for our patients to enjoy their experience and look forward to their return visits. Our office has adopted a written financial policy to help eliminate any confusion or misunderstandings that may come about. It is necessary for the patient to have all the current insurance information that is needed to file their claims. Advanced Smiles Dental will be happy to file the necessary claim for each visit with the information that is provided. Payments for services rendered are due at the time of service. Your insurance will send any payment to our office but ultimately the responsibility of payment lies with the patient.

1. Payment at the time of service is expected, including any estimated portion the insurance does not cover.
2. Our office accepts the following payment methods: Cash, Check, Money Orders, All Major Credit Cards
3. Payment Arrangements can be made through CapitalOne- Dental Fee Plan and CareCredit. They work great for patient that have large cases and need financial backing. They offer various payment options and they can be contacted at 1.888.337.4171 or [www.dentalfeeplan.com](http://www.dentalfeeplan.com) / 1.800.677.0718 or [www.carecredit.com](http://www.carecredit.com)
4. A statement of services will be mailed at the beginning of each month. Receipt of payment is expected on the 30<sup>th</sup> of the month. All payments should be mailed with the top portion of the statement or the chart number to insure proper crediting of the account.
5. All checks returned by the bank will be charged a fee of \$25. Our office expects that this matter will be handled professionally and therefore we only accept cash, money order, or credit card as a repayment. If our office receives two returned checks on your account we will be unable to accept check towards your account in the future.
6. 24hour notice is appreciated when rescheduling or canceling. A time slot is reserved especially for you, and having notice enables us to fill this with someone who is on our waiting list for a sooner opening. Broken appointments without a 24hour notice are subject to a \$50 fee pre hour scheduled. We understand that there are unforeseen circumstances therefore we use discretion when applying this fee.
7. Patients are given ample time to pay their accounts. All delinquent accounts will be sent to a collection agency and all three credit bureaus.

I have read and understand the financial policy of Advanced Smiles Dental and agree to all the terms described in it.

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Patient Signature/Guardian Signature

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Date

*Juli Eivens, D.D.S. ~ Jennifer Laubach, D.D.S.*

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