



Silver Smiles

Dr. Caytlyn Foy Bonura

Financial Agreement

Thank you for choosing Silver Smiles Dental. We are committed to providing the best care to our patients. Please review our payment policy and sign below. A copy will be provided to you upon request.

Payment Form: We welcome cash, check, Visa, Master Card, and Care Credit.

Insurance: As a courtesy to our patients, it is our policy to bill your insurance. If you do not provide us with the correct insurance information, any balance will become your responsibility. Please contact your insurance company with any questions regarding your coverage.

Co-Payments and Dual insurance: All co-pays and secondary insurance are due at the time of service unless prior arrangements have been made with the dentist.

Services not covered: Please be aware that some services you receive may not be covered by your insurance. These charges may become patient responsibility.

Coverage changes: If there are any changes in your coverage, please notify our office prior to your next visit. This will allow us to make the appropriate changes and in turn help you receive your maximum insurance benefits. If you fail to notify our office of changes in coverage you become responsible for any balance not covered.

Self-pay patients: Full cost of the services will be due at the time of service unless prior arrangements have been made with the dentist.

Silver Smiles Plan: For self-pay patients, Silver Smiles offers an in-house plan which covers Exams, X-Rays, and 2 cleanings per year as well as discounts on corrective services for \$320 per year. Payments may be made as low as \$27 per month. Please ask the office for more information.

Nonpayment: If your account is past due, you will be sent a final notice regarding payment. Please be aware if your balance remains unpaid, we will refer you to a collection agency. You also hereby agree to be responsible for any collection costs/fee, court costs and reasonable attorney fees that may be incurred by the dental office, its successors, or assignees, relating to the collection of any unpaid balance.

No Show Fee: Failure to cancel your appointment at least 24 hours in advance will result in a \$45.00 no show fee. This fee must be paid prior to setting any further appointments.

NSF Fee: Checks returned for insufficient funds will result in an additional \$35.00 fee.

Signature _____ Date _____

Printed Name _____