

## Consent to Office Policies

We at Lively Smiles are proud to be part of a team whose primary mission is to deliver optimal care for every patient in the most comprehensive way possible. We feel that a clear understanding of our office policy is important to our professional relationship.

**Insurance:** As a courtesy to our patients, we will gladly process your insurance claim. However, you must supply, prior to treatment, all the necessary information for filing. We ESTIMATE your deductible and your copay that is not covered by insurance. The total portion that is not covered by insurance is DUE AT THE TIME OF YOUR APPOINTMENT, unless prior financial arrangements have been made. It is your responsibility as the patient to be aware of your coverage including deductible, maximum and percentages payable, services not covered by your plan, waiting periods and any other related information. We will verify your insurance information to the best of our ability. Your insurance policy is a contract between you and your insurance company, and the financial responsibility is yours whether the insurance company reimburses or not. If your insurance company has not paid their liability within 60 days, the balance then becomes the patient's liability.

**Self-Pay Patients:** We do offer an in-house discount plan; it cannot be combined with any insurance or other discount plans. Premium payment is due on a yearly basis, usually coinciding with a scheduled appointment. Payment is expected at the time of service for treatment performed that day, unless prior arrangements have been made.

For your convenience, we accept Visa, Mastercard, Discover, American Express, personal checks, Health Savings cards, cash and money orders. We do offer financing through CareCredit as well. Returned Checks are subject to a \$35 fee and will need to be reimbursed via cash or credit card.

Twenty five percent (25%) deposits will be required to schedule any major procedures.

**Missed Appointments/Cancellations:** Twenty-four (24) hour notice is required for cancellation of appointments. We reserve the right to charge up to \$75 per hour for last-minute cancellations or broken hygiene appointments and \$150 per hour for last-minute cancellations or broken appointments with the Doctor. If repeated "No-shows" occur, you will be discharged from care.

**Refunds:** Any refunds requested by patients will take up to 90 days to process. Refunds will not be given until all insurance claims on the entire account (this includes dependents or family members on your account/insurance) are paid and settled. Refunds must be given in the exact manner as they were paid, excluding cash which will be refunded via check. Any refunds due to patients who have utilized any of our financing options MUST be refunded back to the finance company, no exception.

I have read this policy, understand and agree to the terms. If you have any questions, please feel free to ask prior to signing.

Patient Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature or Patient or Guardian \_\_\_\_\_