



## Insurance Information

Primary Insurance Carrier: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Policy Holder ID/SSN: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Secondary Insurance Carrier: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Policy Holder ID/SSN: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Financial Agreement

We pride ourselves on offering the best customer service available, and will gladly submit claims to your insurance company. When treatment co-pays are quoted by the office, these are **estimates** only, your actual insurance coverage may be less or more. The Patient or Parent/Legal Guardian is responsible for payment in full of any and all fees not paid for by the insurance company. There are no exceptions.

Charges for services rendered are due and payable the day of the appointment. Payment plans are available with prior arrangements. We use 3<sup>rd</sup> party financiers to help with the cost of dental treatment, please speak to a team member prior to treatment if you would like to utilize outside financing. Other payment options: Cash, Check, VISA, MasterCard, Discover and American Express. Personal checks that are returned due to "insufficient funds" are subject to a \$30 service fee

All accounts over 90 days will be considered past due. Past due accounts may be referred to a collection agency. Accounts sent to a collection agency will be assessed a collection fee on the unpaid balance. The Patient, or Parent/Legal Guardian will also be liable for any applicable attorney fees and court costs. Accounts that have been referred to an outside collection agency will be placed on a CASH ONLY basis for any future treatment.

All hygienists at this office operate under the license of Amazing Smile Dental Care. All insurance claims for preventative and hygiene services, regardless of which Doctor does the exam, are submitted under the Federal Tax ID and Virginia State dental license number of Amazing Smile Dental Care.

\_\_\_\_\_  
Signature of Patient/Parent/Legal Guardian

\_\_\_\_\_  
Date