SMILES of Fair Lawn

13-19A River Rd. Fair Lawn, NJ 07410
Phone: (551)224-8080 Fax: (551)224-8100
Email: info@dentistatfairlawn.com

FINANCIAL AGREEMENT

Dental Insurance: As a participating provider, we will accept assignment of dental insurance benefits provided you agree to the following:

*Although we may estimate your insurance benefits, we are not responsible for their accuracy. Knowledge of benefits as well as benefit amounts, limitations, exclusions, waiting periods, etc., is entirely your responsibility. ***Receiving our services indicates your acceptance of responsibility to pay regardless of your estimate***.

****Charges for services provided that are not paid by your insurance company, are your responsibility regardless of the reason for non-payment***. Fees for non-covered services, along with deductibles and co-payments are ***due at the time of treatment***.

Patients Without Insurance Coverage: ***We provide estimates of fees and payment is expected at each visit for services rendered.***

Payment Policy: We accept cash, personal checks, Debit Cards, Visa, MasterCard and Discover. ***If there is a remaining balance after your dental insurance has paid its portion, a statement is sent to your mailing address. Payment is expected within 10 days of the statement date, to avoid additional fees***. Any returned checks will be charged $35.00

Broken or Missed Appointments: Broken/Missed appointments are frowned upon! Please notify us 24 hours in advance if canceling an appointment.

Consent and Authorization: ***I authorize dental treatment and agree to pay all related professional fees. Fees not covered by my dental insurance will be promptly paid upon notification from this office. I agree not to chargeback any Credit Card or Debit Card payments for dental procedures and services rendered once completed & receipt is signed. I have read and understand this document in its entirety. Without reservations, I agree to abide by the policies outlined herein.***

Name (Print): _____ Date: _____/_____/_____

Signature: _____