

ARTISTIC SMILES DENTISTRY  
HORIZON PLAZA  
3825 EAST CALUMET STREET  
APPLETON, WI 54915

*Thank you for choosing Artistic Smiles Dentistry for your dental care needs. We appreciate your trust in us and the opportunity to serve you. We are committed to your treatment being successful. As part of our service to you, and in an effort to contain costs, we have implemented the following Financial Policy. We require all patients to read and sign our Financial Policy prior to treatment. If you have any questions, please let me know. We will be happy to discuss our policy with you.*

**FINANCIAL POLICY**

**Routine Dental Care:** All fees for routine dental services (examination and x-rays) are due in full on the date the services are rendered unless other arrangements are made in advance.

**Cash Discount:** For patients without dental insurance, there is a five percent (5%) discount for full payment at the time of service when paying with cash or check.

**Major Procedures:** For patients without dental insurance, all major work, such as crown and bridge, dentures, partial dentures, root canal therapy, root planing, or extensive general dentistry, will require a down payment equal to one-half of the total cost for the first visit in which treatment is started. The remaining balance of the total cost will be due upon the treatment completion unless other payment arrangements have been made.

**Insurance:** We submit claims to all primary and secondary insurance carriers. Please remember that your insurance coverage is a contract between you and your carrier. You, the insured, are responsible for payment on any claims that are 1)denied, 2)unpaid due to deductible, 3)partially paid, or 4)specifically partially paid due to the carrier's arbitrary determination of "usual and customary" rates. All balances are due and payable upon receipt.

**Credit Cards:** For your convenience, we accept MasterCard and Visa for the payment of your account at any time.

**Minor Patients:** Parents must accompany minor patients to their first dental appointment. For unaccompanied minors, nonemergency treatment may be denied unless full insurance information is provided or prior arrangements for full payment at time of service has been made.

**Delinquent Balances:** Delinquent balances may be forwarded to a collection agency.

I have read this Financial Policy and understand its contents. I agree to abide by the policy for all services provided by Artistic Smiles Dentistry.

\_\_\_\_\_  
Signature of Parent or Responsible Party

\_\_\_\_\_  
Date

**NO DENTAL INSURANCE**

\_\_\_\_\_  
Cash or check

\_\_\_\_\_  
Charge Card

\_\_\_\_\_  
Number/Expiration Date

**DENTAL INSURANCE**

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Pay deductible/co-pay on date of service

\_\_\_\_\_  
Other financial arrangements

\_\_\_\_\_  
For major procedures

1/2 down payment with balance

due upon treatment completion