

SMILE CONCEPTS
13402 N. Scottsdale Rd., Suite # A-110
Scottsdale, AZ 85254
(480) 951-2800

Welcome to one of the finest and most advanced environments for dental care. Our primary goal is to serve you and your family as well as to provide for your dental health needs in a considerate and caring fashion.

PAYMENT

Payment is expected at the time that services are rendered. In the event of default of payment, and any balance not covered by insurance that is over 45 days past due, your account may be turned over to the collection agency. The responsible party will be liable for all court costs, attorney fees and/or collection fees incurred.

INSURANCE

PLEASE REMEMBER THAT OUR CONTRACT FOR PAYMENT IS WITH YOU AND NOT YOUR INSURANCE CARRIER. IT IS YOUR RESPONSIBILITY TO INSURE THAT YOUR INSURANCE CARRIER MAKE PAYMENT TO THE DENTAL OFFICE IN A TIMELY FASHION. If you have dental insurance, we will gladly submit your claims for you. However, we request that you pay your estimated patient portion at the time that services are rendered. In order for us to submit the dental claim for you, we will need complete information regarding your insurance carrier. We allow 45 days from the date of service for payment from the insurance carrier. After this period, you become responsible for full payment of all unpaid fees.

CANCELLED / MISSED APPOINTMENTS

We reserve the right to charge for appointments cancelled or broken without 24 hour advance notice.

FOR YOUR PROTECTION

This office has the most modern equipment, uses the latest up to date techniques, and above all, follows OSHA guidelines in advance sterilization technology for both doctor and patient protection.

HIPAA

I have received, read and understand Smile Concepts' Notice of Privacy Practices and give permission to Smile Concepts to mail my unsealed postcard to remind me of my hygiene or doctor's visits, as well as send email and text reminders.

Signature of Responsible Party _____ **Date** _____
PATIENT, PARENT OR AGENT MUST BE 18 YEARS OR OLDER