

SMILE SOLUTIONS

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Thank you for choosing **Smile Solutions**.

Our primary mission is to deliver the best and most comprehensive dental care available.

An important part of our mission is making the cost of dental care manageable by offering several payment options. If you have any questions, please don't hesitate to ask.

We are here to help you achieve your dental health.

Payment Options:

You can choose from:

*Cash, Check, Visa, MasterCard, American Express or Discover Card

*Convenient monthly payment options from CareCredit Healthcare Credit Card. When you qualify, we can offer interest free or fixed low interest financing. CareCredit allows you to pay over time with no annual fees or pre-payment penalties. If you select interest free financing, payments must be made according to the CareCredit agreement.

We offer a 5% accounting adjustment to patients who pay for their dental care in full with cash or check on the day treatment is started for treatment plans of \$ 2,500.00 or more.

Please Note:

Emergency treatment for new patients is payable in full via cash or credit card only.

Smile Solutions requires payment in full when dental services are provided via cash, credit card or check. For treatment plans requiring multiple appointments, alternative payment arrangements may be arranged. For extensive treatment plans, the balance must be paid in full at the time of the final try-in appointment.*

If you have dental insurance, we are happy to work with your carrier to maximize your benefits. You may be responsible for a co-payment. After you have met your deductible, we will accept payment from most insurance plans as payment in full for preventive care. When the insurance benefit is assigned to the office, we will require a credit card on file for restorative treatment. Upon receipt of payment from your insurance, we will charge the portion not covered.** If a credit card is not on file, the estimated portion not covered by your insurance is due at the beginning of treatment.

A fee of \$75.00 will be charged for missed or canceled appointments without 48 hour notice. For your convenience, you can receive electronic appointment reminders when you provide us with your cell phone number and e-mail address.

There is a \$35.00 fee for returned checks.

I understand that I am responsible for the payment of all dental fees regardless of any dental insurance. A service charge of \$3.00 or 1.5% (18% APR) per month, whichever is greater, will be added to my account when it becomes 60 days or more past due. In the case of default of payment, I promise to pay any interest on the balance due, collection costs and reasonable attorney fees incurred to effect collection of my account.

Patient Name _____

Signature of Patient or Guardian _____ **Date** _____

*Must have a signed treatment plan.

**However, if we do not receive payment from your insurance carrier within 60 days, you will be responsible for payment of your treatment fees and collection of benefits from your insurance carrier.
