

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

NEW PATIENTS

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.

OFFICE HOURS

MON: 9:00AM - 5:00 PM
TUES & THUR: 8:00AM - 5:00 PM
WED: 8:00 AM - 2:00 PM

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

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 manner. If you have dental insurance, we will submit your claims for you. However, it is your responsibility to pay your estimated patient portion at the time that services are rendered. These are estimates only. You are solely responsible for any amount not paid by your insurance. 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.

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.

CANCELLED / MISSED APPOINTMENTS

There will be a charge to your account in the amount of \$50-\$100 for appointments cancelled or broken without 24-hour advanced notice. Cancelling less than 24 hours, does not allow our staff enough time to fill your missed appointment.

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