Clemmons Village Smiles
2265 Lewisville Clemmons Road, Suite A
Clemmons, NC 27012
336.766.1366

Office & Financial Policies

Financial:

- Financial arrangements must be made in advance as a condition of your treatment. Our practice relies on patient reimbursement for the costs incurred. Payment is expected in full (or the difference between the total and estimated insurance coverage) at the time of treatment. We will file all dental claims on your behalf; however, we cannot guarantee the insurance payment amount until the claim is reviewed. If you have dental insurance, we expect your estimated co-payment (including any applicable deductible) at the time of treatment. Patients are responsible for the entire cost of dental treatment, including any amount not covered by insurance. **We offer interest-free payments through Care Credit, which requires pre-approval. Please see our front office team members for more information.**
- All emergency dental services and any services performed without prior financial arrangements must be paid with cash, debit, or credit card at the time of service.
- A service charge of 2.5% per month (30% per annum) will be applied to any unpaid balance exceeding 60 days, unless prior written financial arrangements have been made.
- I understand that estimates for dental care are valid for 12 months from the date of consultation.

Attendance:

- Appointments are reserved exclusively for your dental needs. Please give 48 hours' notice to cancel or change an appointment.
- A $60 fee may be charged for cancellations or no-shows with less than 48 hours' notice.
- Please arrange your schedule to accommodate your dental appointments.

Treating Provider:

- We will do our best to schedule appointments with the doctor who planned your treatment. However, we cannot guarantee this, and you may see a different doctor depending on who is available on the day of your appointment.
- We will do our best to schedule appointments with your preferred hygienist. However, we cannot guarantee this, and you may see a different hygienist depending on who is available on the day of your appointment.

I acknowledge that I have read and understand these office policies.

Patient/Guardian Printed Name: _____

Patient/Guardian Signature: _____

Date: _____