



Welcome! Please read and sign below.

We are happy that you have considered our office to care for your dental health. It is our sincere desire to make all of your visits as pleasant as possible.

We believe that everyone should have their teeth for a lifetime. With an emphasis on prevention, dentistry is more enjoyable, less costly and more comfortable for all concerned.

We believe patients should be treated gently. Your comfort is a priority for all our staff. We will do everything possible to keep any discomfort associated with your dental care to an absolute minimum.

**Financial Policy:**

Payment is expected at the time services are rendered. We accept cash, personal checks, and major credit cards: Visa, MasterCard, Discover, and American Express. We also have a payment plan called Care Credit, a financing plan that is offered as a separate line of credit to cover you and your family members' healthcare needs. With CareCredit you enjoy these benefits:

- Flexible financing options including 0% interest (subject to dollar amount minimums)
- Credit decision usually only takes a few minutes (subject to credit approval)
- No annual fees or prepayment penalties

We are happy to provide you with the above options to allow you to make convenient, low monthly payments and start treatment today. Please ask if you have any questions on our payment options.

**Dental Insurance:**

Although each patient is financially responsible for their own account, we are happy to cooperate with patients who are covered by dental insurance. Each insurance company has a different coverage schedule depending on your employer's plan. We access this information in **general** terms, please contact your insurance company to determine eligibility and benefit coverage levels yourself for **exact** information. It is the patient's responsibility to know their insurance coverage. The same fees apply to all patients regardless of insurance. At each visit we will calculate your expected co-payment. Your co-payment portion for treatment done is required at the time services are rendered.

**Appointments:**

Visits are by appointment. We pride ourselves on being punctual and appreciate your attempts to also be on time. A notice of 72 hours is appreciated for all cancellations, with 48 hours required. If an appointment is broken without 48 hours notice, a \$30.00 broken appointment fee will be added to your account. We appreciate your understanding of this important policy that assists us in treating everyone fairly and in a timely manner.

Thank you again, and please let us know of any way we can make your time here more pleasant.

Please sign below to acknowledge that you have read and understand our office policies.

\_\_\_\_\_ / /  
Patient Signature Date

[www.esmilesdentistry.com](http://www.esmilesdentistry.com)

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