

CLASSIC SMILES

FAMILY, IMPLANT & COSMETIC DENTISTRY

We love to care for your smile...

Patient Acknowledgements, Agreements, and Authorizations

Classic Smiles is committed to providing all patients with exceptional service and care.

I. HIPAA Acknowledgement

Protecting patient information is a big part of our everyday care.

Our notice of Privacy provides information about how we may use and release protected health information about you. You have the right to review our Notice before signing this form. As provided in our Notice, the terms of our Notice may change. If we change our Notice, you may obtain a revised copy by writing our practice or requesting a copy from our front desk staff.

- II. You have the right to request that we restrict how protected health information about you is used or released for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.
- III. By signing this form, you consent to our use and release of protected health information about you for treatment, payment and health care options as described in our Notice. You have the right to revoke this consent, in writing, except where we have already made releases in reliance on your prior consent.

IV. Treatment Plan Estimates

Classic Smiles prepares Treatment Plan Estimate so patients can understand the estimated costs of their recommended treatment prior to its start. The Treatment Plan Estimate is not a guarantee of benefits, but rather an estimate of benefits per your insurance company. As your treatment progresses, your dentist may determine in consultation with you that different or additional treatment is necessary and your financial responsibility may change.

If you have dental insurance, it is important to understand that your Treatment Plan Estimate is based on information provided by your insurance company and by you. It is an estimate and your insurance benefits may be higher or lower than estimated. In all cases, you are responsible for amounts not covered by your insurance.

In all cases, we encourage all patients with insurance to refer to their member handbooks or to call their plan administrators with any questions or concerns relating to specific benefits.

V. Predetermination of Insurance Benefits

Predetermination of Benefits is a process whereby your insurance company or plan administrator tells you in advance of treatment what procedures may be covered by your insurance plan, the amount the insurance company may pay toward those procedures, and the amount you may be required to pay.

The Predetermination of Benefits process gives you useful information about what services may be covered. However, your insurer will inform you that a Predetermination of Benefits is not a guarantee of coverage. A Predetermination provides your expected benefits based on the information available to the insurer at the time the Predetermination is prepared.

Predetermination from your insurance company or plan administrator can vary, from as few as two weeks to eight weeks. The decision to seek a Predetermination of Benefits or to proceed with treatment immediately is your own, unless your plan requires otherwise. Please inform one of our Classic Smiles team members if you would like to request a Predetermination of Benefits from your insurer.



CLASSIC SMILES

FAMILY, IMPLANT & COSMETIC DENTISTRY

We love to care for your smile...

VI. Payment Policy

In all cases, Classic Smiles patients agree to the following payment policies:

- Payment in full of the estimated patient portion of the fees is due no later than when services are rendered.
- For comprehensive treatment plans requiring multiple office visits or visits lasting more than one hour, Classic Smiles requires a deposit for the reserved time.
 - We ask for a deposit to reserve this time for you which is an agreed commitment to keep your reserved appointment time. This deposit will be applied to your portion of your responsibility for the appointment with the balance due at the time of service.
 - We require 2 business days' notice when changing or rescheduling. This allows us to offer your time slot to another patient who is in need of our care.
 - If 2 business days' notice is not given or you fail to show up for your appointment at your reserved time, after the second time, we will assess a fee. Unless, it is an emergency situation.
- Patients are always responsible for amounts not covered by insurance, regardless of whether the original estimate included an expected insurance benefit.
- Patients may, at their discretion, may elect to pay in full in cash for a 7% discount or by credit card/debit for a 2% discount, for comprehensive treatment plans. This offer cannot be combined with any other discount or offer.

VII. Refund Policy

You may discontinue treatment and request a refund from Classic Smiles at any time. We will refund any amount paid for treatment that you did not receive, except when treatment has already been started or lab bill incurred.

All refunds will be processed back to the original form of payment, except cash payments. Cash payments will be refunded by check.

How to Request a Refund

- Contact the office and request a refund via:
 - Email: info@myclassicsmile.com with Refund in the subject
 - Mail refund request to:
 - Classic Smiles
 - 2677 Maguire Rd
 - Ocoee, FL 34761
- Cash or Check Payment Refunds
 - **Account Holder Refund Request** – Upon receipt of a request for a refund, Classic Smiles will issue a refund check via mail, within 5 business days.
- Major Credit Card Refunds
 - Any refund of payment originated through a credit card company must be refunded to the originating credit card account.
 - Classic Smiles will issue credit card refunds within 2 business days. Please contact your credit card company for information regarding how long it will take them to post the refund to your account.



CLASSIC SMILES

FAMILY, IMPLANT & COSMETIC DENTISTRY

We love to care for your smile...

- Third Party Lender Refunds
 - Any refund of payment originated through third party lenders must be refunded to the original account. Please contact the third party lender for more information regarding their refund policy as processing of refunds may not be reflected on an account for up to 2 billing cycles.
 - Account Holder Refund Request – Classic Smiles will issue third party lender refunds within 2 business days.

VIII. Patients with Dental Insurance

Patients with insurance agree to Classic Smiles Payment Policy, as stated above, subject to the following:

- In Network: If Classic Smiles Dental is a participating provider in your plan network, your insurer may impose requirements on Classic Smiles that affect your financial responsibility for treatment. For example, Classic Smiles Dental may be required to receive approval from you in advance of treatment for non-covered services or may charge you only your co-payment at the time covered services are provided.
 - In all cases, Classic Smiles will bill you pursuant to the terms of its agreement with your insurer.
- Out of Network: If Classic Smiles is not a participating or in-network provider with your insurance plan and your insurance plan will not make a direct payment to Classic Smiles, you will be fully responsible for your treatment plan, according to our payment policy.
- Insurance Discounts: Insurance companies often negotiate discounts with Classic Smiles Dental for services provided to their plan members. If your benefit limits are exceeded, Classic Smiles will charge additional services at the discounted rate only if required to do so by your insurer.
- Change or Termination of Insurance: If your insurance coverage changes or is terminated, please notify our office so we can update our information.

IX. Treatment Cancellation and Interrupted Services Charges

- Patients requiring crown or bridge services may cancel treatment with no charge prior to natural teeth being prepared or altered for the prosthetic. Once tooth preparation occurs or lab bill incurred, patients are liable for the estimated full cost of the services even if they choose not to complete treatment.
- Cancellation of Appointment: If for any reason you are unable to keep your appointment, kindly give us 2 business days' notice, after the second cancelled appointment, your account will be **charged a fee** of \$50-\$100 depending on how much time was blocked for your treatment.

X. Accepted Forms of Payment

- Classic Smiles accepts cash, personal checks, Visa, MasterCard, American Express, Discover, FSA, HSA, and approved third-party financing.

XI. Third-Party Financing

- Classic Smiles offers treatment financing through non-affiliated, third-party lenders (such as Care Credit, Citi Health, etc.). Classic Smiles pays these companies fees on a sliding scale for making loans available to patients and for the lender's cost of servicing these loans.
- Based on the approved credit limit determined by the third party lender the patient may elect to make full or partial payment when treatment is started and is obligated to make payment arrangements for any remaining balance prior to completing treatment.



CLASSIC SMILES

FAMILY, IMPLANT & COSMETIC DENTISTRY

We love to care for your smile...

Patient Signature Page

XII. Notice of Privacy Practices

By signing below, I acknowledge that I have read Classic Smiles Notice of Privacy Practices, as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Signature: _____ Date: _____

XIII. Payment, Insurance, and Financial Arrangement Policies

By signing below, I agree to the terms of the Classic Smiles Patient Acknowledgements, Agreements, and Authorizations document.

Signature: _____ Date: _____

XIV. Appointment Agreement

In order for us to respect the time of all of our patients, we ask that you help us in regards to the appointments that have been especially reserved for you! Please be on time for your appointments. Your appointment time is reserved specifically for you. Arrivals of 10 minutes or more past your reserved time will be re-evaluated for what can be done that day.

Signature: _____ Date: _____

XV. Release of Information to Insurers and Assignment of Benefits

I consent to Classic Smiles' use and disclosure of my Protected Health Information to carry out payment activities in connection with insurance claims. This information will be used exclusively for the purpose of evaluating and administering claims for benefits. I further authorize and direct payment to Classic Smiles.

Signature: _____ Date: _____

(If patient is a minor or disabled the Parent, Guardian, or Attorney-in-Fact must sign and complete the Responsible Party section below)

Responsible Party (If patient is under 18 or disabled)

First: _____ Middle: _____ Last: _____ Jr/Sr: _____

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Patient SSN: _____ -- _____ -- _____ Patient Date of Birth: _____ / _____ / _____

Sex: (circle) M / F

