



168 U.S. Route 1 Falmouth, ME 04105
207-781-2448

A PERFECT SMILE FINANCIAL AGREEMENT

At A Perfect Smile, we have made the environmentally conscious decision to become a statement-free office. This allows us to honor our commitment to you of always using the highest quality materials, the best technology available and providing you with state of the art treatment, while keeping your investment low. In order to provide you with the highest quality care and to make sure that you get the most value for your investment, we offer the following investment options for your dental care.

If you are not utilizing Dental Insurance we will expect full payment at the time of service.

Please sign and date below to acknowledge receipt and agreement of our financial policy.

Signature: _____ **Date:** _____

Print Name: _____

If you have dental insurance to assist with your care, please choose one of the options below.

Option #1___ I choose to pay in full at the time of the service with cash, check, credit card, or Care Credit. *If I have dental insurance, A Perfect Smile will submit the insurance claim on my behalf and I will get reimbursed by my insurance company.*

Option #2___ I choose to pay my estimated portion at the time of service with cash, check, credit card, or Care Credit. A Perfect Smile will submit the insurance claim on my behalf. I agree to leave a current credit card on file for any remaining amounts due or credits owed to me after my insurance assistance has been paid to A Perfect Smile.

For Option 2: Cardholder Name : _____
(as it appears on the credit card)

Patient Name (if different than Cardholder Name) _____

Account #: _____ Expiration: _____

Responsible Party Signature _____ **Date:** _____

Print Name: _____

Please Note: The total fee charged is your obligation. Once insurance has been paid, any difference is due and payable by you. If your insurance carrier has not paid within 30 days following a claim, the entire balance is due and payable by you. To avoid billing charges of \$25, payment to our office is expected within 14 days from the date of the invoice. Please note that your portion is only an estimate and it is based upon the information available to us.