
Financial Policy/Insurance Disclaimer

Patient Name: _____ * _____ * _____
Last First MI Preferred Name

All payments are due to be paid at the time of service, unless otherwise discussed with one of our Patient Care Coordinators. This includes estimated copayments due for patients with insurance. If you do not have insurance, full payment is due. We do offer an in-office discount plan that we are happy to discuss with you. With larger treatment plans, we can discuss a payment plan or you may use CareCredit.

One of our office goals is to assist you in maximizing your dental insurance benefits. After each appointment we will file a claim to your dental insurance carrier for services rendered. Note that when we call your insurance provider to verify benefits, it is not a guarantee of payment by your insurance company.

Furthermore, any treatment plan that is proposed for your dental needs/desires is an estimate of cost based on the information provided by your insurance carrier. It is not a guarantee of insurance coverage for services.

- I have reviewed this information and consent to allow Cambridge Smiles to file my insurance claims for services rendered.
- I authorize the dentist to release all information necessary to secure the payment of benefits.
- I accept full financial responsibility and acknowledge that it is my responsibility to be aware of the type of insurance that I am utilizing for my dental services.
- I also acknowledge that Cambridge Smiles cannot guarantee that my insurance carrier will cover all services rendered during my dental treatment.
- If I do not have dental insurance, I understand that I am financially responsible for all charges.

Signature _____ Date _____

Response Date: _____