PATIENT FINANCIAL AGREEMENT

I understand that all services rendered are my responsibility and that I am required to pay in full at time of treatment.

Patient or guardian______________________________

Date__________________

Your insurance is a contract between you and your insurance company/employer. Southern Smiles, LLC has no influence on the coverage you receive from your insurance carrier. We will be happy to file your insurance for you as a courtesy, however you will still be responsible for payment of your deductible and copay at time of treatment. If your insurance company does not pay or does not pay the full amount estimated, you will be responsible for paying the outstanding balance. If this should happen, know that we have exhausted all efforts to have your insurance company pay on your behalf.

We strive to provide you with the highest quality treatment and service.