



## Financial Policy and Insurance Acknowledgment

The staff at Northwest Hills Smiles is proud to deliver the finest and most comprehensive health care available today. In addition, we are also dedicated to making top quality care as cost effective as possible.

### Financial Options

Northwest Hills Smiles requests payment or assignment of payment at time of service. We accept MasterCard, VISA, Discover, American Express, Care Credit and assignment of insurance benefits.

### Insurance Information

We accept most private care insurance plans (plans that do not require you to select a dentist from a list or require our office to go into a contractual agreement). Your portion is based on the most up-to-date information we have, however, plans vary greatly. Insurance companies cannot relay to us every particular clause of your policy therefore the patient portion is ONLY AN ESTIMATE. There are many factors that can affect this estimate. If you would like to know from your insurance company what your benefit is for specific treatment, we will be happy to file a "pre-treatment authorization" with them prior to treatment. However, this delays treatment and is still NOT guaranteed by the insurance company.

We bill your insurance as a courtesy. If insurance does not pay within 60 days, Northwest Hills Smiles reserves the right to request payment in full for services from you and let you collect the insurance funds that are due you. This is rare but it is important that you recognize that the insurance you have is a legal contract between you and your insurance company and our office is not and cannot be part of that legal contract. **Ultimately you are responsible for all charges incurred in our office and for knowing your benefits and status of your particular plan.**

We welcome you to our family and look forward to helping you get the healthy, beautiful smile you've always wanted. If there is anything we can do to make your visits here more pleasant please don't hesitate to ask one of our staff members.

***Please note that there is a \$50.00 fee if an appointment is cancelled without 24 hour notice.***

*I have read, understand and accept the terms of the above outlined policies.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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