

Smiles at Murphy  
345 Fm 544, Ste300 Murphy Tx 75094  
Ph: 972 4235300  
Email: info@smilesatmurphy.com  
[www.smilesatmurphy.com](http://www.smilesatmurphy.com)

## FINANCIAL AGREEMENT

Our philosophy in serving people is to be informative, honest and forthright. This Financial Agreement is indicative of our respect for your right to know ahead of time what our expectations are in the area of finances.

### DENTAL INSURANCE:

**Please make sure the front office has your current and up to date insurance information.**

As a courtesy we will gladly file your claims and accept assignment of dental insurance benefits.

- Although we may estimate your insurance benefits we are not responsible for their accuracy. Receiving our services indicates your acceptance of responsibility to pay regardless of our estimate.
- All charges not paid by your insurance company are your responsibility regardless of the reason for nonpayment.

### PAYMENT POLICY

- Fees for not covered services, along with deductibles and copayments are due at the time of treatment.
- **Treatment paid in full for more than \$1000 by check or cash will get 5% cash discount.**
- The parent or guardian accompanying the minor is responsible for full payment.
- A \$25.00 charge applies when a check is returned by the bank.
- **To reschedule or cancel an appointment, you must notify us at least forty-eight (48) hours in advance to avoid a missed appointment fee of up to \$25 for a week day appointment and \$ 45 for Saturday appointment.**

**CONSENT & AUTHORIZATION:** I authorize dental treatment and agree to pay all related professional fees. I have read and understood this document in its entirety, outlining office policies and financial policies of Smiles at Murphy. Without any reservations, I agree to abide by the policies outlined herein.

Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_