DENTAL INSURANCE POLICY:

As a courtesy to you, Belmar Smiles will file your dental insurance claims. Please understand that we will provide an insurance estimate to you; however, it is not a guarantee that your insurance will pay exactly as estimated. If your dentist prescribes a treatment plan we will create an estimate of co-payments and insurance payments. Belmar Smiles' estimates are based on contracted insurance rates, information gathered through the verification process and common insurance exclusions.

Insurance coverage is subject to limitations, exclusions, waiting periods, frequency, age restrictions, deductibles and maximums which are your responsibility. Please contact your insurance company for a detail of your benefits. Your insurance company and your plan benefits ultimately determine the amount paid. We will do all we can to ensure your estimate is as accurate as possible. Your estimated insurance benefit may differ due to a number of reasons, specifically related to your plan.

All estimated patient co-payments are due on or before the date of treatment.

In the event insurance does not cover the entire cost of the treatment, the patient is responsible for any remaining account balance.

PATIENT ACKNOWLEDGEMENT AND AUTHORIZATION

I understand and agree to the Dental Insurance Policy stated above. I authorize my insurance company to make payment directly to Belmar Smiles. I further authorize the release of all patient information necessary to process any claims. These authorizations will remain in effect unless revoked pursuant to my insurance company's requirements. I understand I am financially responsible for all treatment fees and charges regardless of whether or not payment is made by my insurance company.

Patient Signature:________________________________ Date:____________________

APPOINTMENT DEPOSIT POLICY:

Belmar Smiles requires a minimum $50.00 deposit for procedures requiring estimated treatment of 60 minutes or more, and for procedures with a total cost of $300.00 or more. A $100.00 deposit is required for procedures with a total cost of $1,000.00 or more. The deposit is a credit which will be applied to the total patient portion due following treatment. The deposit is subject to any fees as described in the Cancellation Policy.

Patient Signature:________________________________ Date:____________________

CANCELLATION POLICY:

Belmar Smiles strives to keep appointments on time and to meet patients needs as dental issues occur. To ensure that each patient receives the best care possible we ask that you give 48 hours notice if you are unable to keep your scheduled appointment. Belmar Smiles reserves the right to charge a cancellation fee of $55.00 for the 2nd missed appointment without proper notice.

Patient Signature:________________________________ Date:____________________

ACKNOWLEDGMENT OF PRIVACY NOTICES:

I have had the opportunity to review Belmar Smiles' Patient Privacy Practices Notice and understand and agree to all policies and practices contained therein.

Patient Signature:________________________________ Date:____________________