

# Mark D. Smith, DMD, PC



GENERAL • COSMETIC • RESTORATIVE

124 S. Main St. Swainsboro, GA 30401 Phone 478-237-7979 Fax 478-237-2485

## OFFICE PAYMENT POLICY

**Payment is expected at the time services are rendered.**

If you have dental insurance, we need your assistance and understanding of our payment policy. Please understand however, **YOUR INSURANCE IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY.** We will process your Primary and Secondary claims **AS A COURTESY.** You are required to pay your Co-payment and Deductible **at the time of treatment.** An 18% per year service charge is added on the 27th of each month on unpaid balances 30 days following the day of treatment. You are responsible for what your insurance does not pay. Our fees are considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies to those companies who pay on a benefit table such as 50% "UCR" (usual and customary). **Not all services are a covered benefit in all contracts.** Some companies arbitrarily select certain services they will not cover. We will be happy to file a pre-treatment estimate if necessary. Feel free to contact us if you have questions regarding your dental care, insurance, or statement.

**By signing, I agree to pay balances due on this account.**

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Patient/Person Responsible for Paying Account

Date