



**Karl A. Smith, DDS, LLC**  
Periodontics and Dental Implants  
Foundations for Beautiful Smiles

Thank you for the opportunity to care for you. We look forward to serving your dental needs. We have found that a clear understanding of your treatment and the financial responsibility for your care is not only required but also very important in our doctor-patient relationship. Our standard is to provide each patient with their recommended treatment plan and an outline of the financial considerations for care. Our team will provide you with *estimated costs* of your treatment including dental benefits estimates of coverage; however, we do encourage all patients to familiarize themselves with their insurance policies as there are no guarantees in regards to third-party payment considerations.

### OFFICE AND FINANCIAL POLICIES

1. Karl A. Smith, DDS, LLC requires that each patient fully complete our patient verification forms.
2. Karl A. Smith, DDS, LLC expects that patient portions are due at the time services are **scheduled**.
3. All patients having an existing account balance that are past due will not be rendered service until balance has been justified. All future treatment will be placed on hold until balance is paid in full.
4. If it becomes necessary to refer your account to a collection agency, in addition to your account balance, you will be responsible for all collection fees.
5. Karl A. Smith, DDS, LLC reserves the right to charge a forty-five \$55.00 dollar fee for returned checks.
6. We do offer outside financing subject to bank approval. Karl A. Smith, DDS, LLC reserves the right to obtain credit reports on patients when the patient chooses outside bank financing for treatment.
7. Any patient who defaults on a payment arrangement by 10 days beyond the contractual date will be expected to pay the balance in full immediately.
8. Karl A. Smith, DDS, LLC reserves the right to charge \$175.00 for missed appointments when less than 48-hour notice is given by patient.
9. Karl A. Smith, DDS, LLC does not extend courtesy discounts to anyone unless it is pre-approved by Dr. Smith in advance of treatment.
10. All patients, under the age of eighteen, must be accompanied by parent/guardian who must remain on site.
11. All insurance claims not paid within 60 days of submission to the insurance company are due payable by the patient.
12. For all services, a scheduling deposit for ordering materials is due at scheduling. This deposit may be **NON-REFUNDABLE** on appointments broken or canceled with less than 48-hour notice.
13. Collection of a social security number is required if your expectation is for us to file any third party claims request.
14. For our US MILITARY VETERANS. Services will not be scheduled unless prior VA authorization for payment is received in advance.

### DENTAL BENEFITS

1. Dental benefits are based on a contract between your company's insurance administrator and the individual participating in the plan.
2. Karl A. Smith, DDS, LLC is not responsible for obtaining your benefit information. We do our best to obtain an ESTIMATE of benefits on the patient's behalf. Should you receive a non-covered service; full fees will be charged to you.
3. It is your responsibility to be familiar with all restrictions, limitations and deductions that may apply to your plan.
4. All deductible or co-payment amounts must be satisfied when scheduling your appointment. The requested amount of co-payment is estimated on the information received from your insurance company. All claims that are rejected or adjusted by the insurance company will become your additional responsibility and payable to Karl A. Smith, DDS, LLC immediately.
5. Patients who have insurance companies of which Karl A. Smith, DDS, LLC is not a participant, will be expected to pay the full amount of treatment upon scheduling. We will provide you with a statement of service to submit to your insurance carrier once balance is paid in full.
6. PLEASE NOTE: We have opted out of MEDICARE MEDICAL and are NOT IN NETWORK. YOU ARE RESPONSIBLE FOR FILING CLAIMS TO MEDICARE. For Medicare Advantage Dental Plans, the above conditions apply.

### COORDINATION OF BENEFITS (Dual Insurance)

1. Karl A. Smith, DDS, LLC will submit to your primary insurance company, using the primary guarantor and birthday rules.
2. We will gladly provide you with a statement of service to submit to your secondary or tertiary insurance company.
3. Patients with two primary insurance plans must choose one plan to use for the entire year. We will help coordinate your best benefits.

PRINT NAME: \_\_\_\_\_ SIGN: \_\_\_\_\_ Date: \_\_\_\_\_

Laser Periodontics | Dental Implants | Comfortable Sedation

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