



## **Drs. Henzel and Smith, Inc.**

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[www.drshenzelsmith.com](http://www.drshenzelsmith.com)

Dear Patient,

Thank you for choosing Drs. Henzel and Smith, Inc. (H+S) for your dental provider. We are committed to providing you with the best possible dental care at an affordable cost. Please understand that the payment of your bill is considered a part of your treatment. **The following is a statement of our Financial Policy, and we require that you read and sign this policy prior to any treatment.**

### **Financial Policy for Patient Accounts**

- 1) **Purpose:** The purpose of this policy is to provide guidelines regarding payment to H+S for all services rendered to patients.
- 2) **Scope:** This policy applies to patients and patient accounts
- 3) **General:** We are committed to providing you with the finest dental care at a most reasonable cost. Prompt payment of fees for services rendered enables us to keep our fees at the lowest level possible. In order to meet this commitment, we need your assistance and your understanding of our payment policy.

All patients must complete our Patient Information Form and Medical History with a signature on file before seeing the provider. In our office, the provider could be the dentist and/or a hygienist.

Adult patients are responsible for their payments. The adult accompanying a minor and the parents (or guardians of the minor) are responsible for payment. All minors must be accompanied by a parent or guardian.

4) **Patients with Dental Insurance:**

H+S will submit to most major and local dental insurances. We do not submit to Medicaid/Caresource. While we make every effort to ensure your insurance is accepted at H+S, it is critical that you, as the patient, check with your insurance company as well. We will send a prior-authorization, if required by the insurance company or at the request of the patient, before scheduling a procedure.

We will file both primary and secondary insurance claims for you at no charge. We must have a copy of your insurance card, if applicable, and a photo ID in order to bill your dental insurance company. We cannot bill for you if we do not have a copy of your insurance card or have all of your insurance information on file. Your co-payment is required prior to seeing the provider. Payments can be made by cash, check, MasterCard, Visa, Discover, American Express, or CareCredit.

Your insurance policy is a contract between you and your insurance company. **Please be aware that very few insurance companies attempt to cover all dental costs and it your responsibility to verify your insurance company's benefit coverage policies.**

We require all patients to assign insurance company payments directly to H+S to avoid any misunderstanding regarding payment for professional services. If you request the insurance company to pay you directly, H+S will require full payment from you at the time of service. **Payment for dental treatment is your responsibility whether your insurance company pays or not.**

**If you have an outstanding balance that is older than 120 days and you are not making payments, we have the right to refuse to schedule an appointment until the balance is paid in full.**

5) **Patients without Dental Insurance:**

Payment in full is expected for all charges incurred on the day the service is provided. Payment may be made in cash, check, MasterCard, Visa, Discover, American Express, or CareCredit. Automatic draw payment plans can be set up for larger treatment plans, at the discretion of Dr. Henzel or Dr. Smith.



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### **6) Patient Account Payment:**

- **Statement balances** are due within 30 days. We understand that temporary financial problems may affect your prompt payment. With extensive treatment, payment plan arrangements can be made.
- **Financial payment arrangements** are required for extensive treatment plans, large families, and at patient's request and doctor's approval.
- **Past due accounts** with payment arrangements over 120 days will be subject to a 2% monthly interest charge on the balance due.
- **Delinquent accounts** past 120 days will be referred to a Collection Agency, and may be subject to interest and/or collection fees
- **Returned Checks** for non-sufficient funds will be billed a \$25.00 charge
- **Release of Dental Records** are subject to current Ohio fee schedule

**NO SHOW PATIENTS will be charged \$35.00 for a missed appointment and \$150.00 for a missed procedure appointment. 24 hour notice is required for all cancellations otherwise the appropriate charge will be applied.**

Our billing staff is trained to help you with any insurance questions. Remember though, that we can only answer questions relating to how, where, or when your claim was filed. Your employer or group administrator should address COVERAGE ISSUES with you.

Our practice firmly believes that a good dentist/patient relationship is based on understanding and good communications. Thank you for understanding the importance of our Financial Policy. If you have any questions about financial arrangements or require assistance in managing your account, contact our administrative team at (330)-493-3940.

### **Patient Acknowledgement Statement & Signature**

I have read, understand and agree to this Financial Policy.

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Signature of Patient

Date

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Signature of Responsible Party/Guardian, if different from Patient

Date