



**Center for Smile Enhancement . Michael S. Sudit, D.D.S. LLC**

10500 Wayzata Blvd. Minnetonka, MN 55305

**(952) 593-9310**

**Financial Policy Agreement**

**Financial Policy Agreement for** \_\_\_\_\_

**Print Name**

We want to prevent any misunderstandings regarding our office policies, therefore we request that you read and sign this explanation of our financial policies. If you have additional questions, please do not hesitate to ask.

**Unless other arrangements have been made prior to any procedure, payment is due at the time of service. For many services, we offer a bookkeeping courtesy for payment in full made by check, cash or credit card.**

Michael S. Sudit, D.D.S. LLC / Center for Smile Enhancement is a fee for service practice with no contractual agreements with any third party payers. This means that in all cases, our office will be considered an “out of network” provider. This also means that the patient is responsible for all fees. However, as a courtesy to our patients, using the insurance information verified by the patient at their appointment, we will submit the initial claim to that carrier for each visit. Upon the patient's request, and when appropriate, we will also submit a prior authorization. **Insurance coverage is a contract between the insurance carrier and the policy holder. Verification of coverage and eligibility is the patient's responsibility. The patient is responsible to Michael S. Sudit, D.D.S. LLC / Center for Smile Enhancement for all charges incurred.**

Accounts with a balance over 90 days are considered past due and will be subject to a late payment fee of 1.75% per month. Patients with a balance over 90 days, who have not confirmed a payment arrangement, will be placed on a cash basis only. Michael S. Sudit, D.D.S. LLC / Center for Smile Enhancement may be unable to provide future dental services except for dental emergencies with prepayment of charges. After 90 days, all accounts are considered in default. The responsible party agrees to pay all collection costs and reasonable attorneys fees incurred in an attempt to collect on this or any future account balances. (Payment options are available upon request.)

**\*\*In the case of children with custodial arrangements, the parent or guardian who signs the financial agreement will be responsible for all charges incurred.\*\***

I have read and understand the financial policies described above.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date