

FINANCIAL ALLIANCE

St. Louis Smile Center
Derek J. Vadnal, D.M.D., L.L.C.



We at St. Louis Smile Center are proud to be part of a team whose primary mission is to deliver the finest and most comprehensive health care available today. In addition, we are also dedicated to making top-quality care as cost-effective as possible.

We submit dental insurance for you, but **we do require estimated patient portion at time of service.** Treatment fees are only estimates; valid 30 days from date printed and are subject to revision. Treatment could be altered if your dental needs change. Insurance estimates are estimates only!

Please acknowledge that all treatment options for your dental condition have been fully explained. **It is your responsibility to complete treatment and follow recommended maintenance schedules. If treatments and maintenance plans are not followed and/or appointments are missed, adverse results could affect your dental health and insurance coverage. If you do not proceed with your treatment plan in a timely manner, further treatment for the involved teeth, supporting tissues, adjacent and opposing teeth, muscles or joints will be based on the fees at the time of service, not those on the original treatment plan.**

We are happy to offer you various payment options: **cash, check, money orders and Visa/MasterCard/Discover/American Express.** In addition we work with several financial companies that, if you qualify, offer you low or no interest loans. We collect your information, submit via internet, you qualify and know the results before you leave our office.

Please understand that you are responsible for the entire balance and for complying with the terms of this office. Your portion of payments are due on (or prior to) services as outlined by our financial coordinator. You also understand that any balance over 60 day past due will be your responsibility and that you may be liable for any attorney fees incurred in collecting the delinquent balance.

We appreciate the trust and confidence you have placed in us for your care.

Sign

Date