

**Shelby J. Smith, DDS, MS
2213 Buchanan Rd. #112
Antioch, CA 94509
Ph: 925-755-5115**

**ESTIMATED TREATMENT PLAN AND COSTS OF TREATMENT
(Fees Valid for 6 months)**

OFFICE POLICY CONCERNING DENTAL INSURANCE:

The treatment plan for the dental services is based on the information gained from the examination of your mouth. The estimate for insurance coverage is based on the insurance plan details you have given the office. It is most important to understand that this is **only an estimate**. The amount settled by the insurance company may be affected by such factors as annual limits of coverage, non-coverage of certain procedures, etc. Insurance plans do not inform our office of changes to your dental benefits. We encourage you to be completely familiar with the terms of your dental insurance plan.

On your behalf, we are pleased to submit forms for insurance claims. We accept direct settlement from insurance plans, which means you, will be asked to pay only that portion of the total fee estimate to be your cost. If your account is 3 months past due, you may be subject to finance charges. **At all times, however, you are responsible for all fees and costs not settled by your insurance plan.**

ALTERED OR CANCELLED APPOINTMENTS:

After an appointment has been reserved for you, **24 hours** notice is required for alterations or cancellations. Less notice than that may result in a fee of **\$25** per hour of appointment time missed.

FINANCIAL ARRANGEMENTS:

Fillings, Root Canals, Exams and Hygiene: Full patient portion due the same day treatment is performed.

PAYMENT METHODS: We accept Cash, Check, Care-Credit, Visa, MasterCard and American Express.

PROCEDURE POLICY:

A Parent or Authorized Guardian must accompany the patient and is required to stay in the office during any and all treatment. If an adult other than the parent will accompany the patient, the Parent must sign an **"Authorization for Agent to Consent Form"** prior to the scheduled treatment.

Patient Name

Signature of Parent or Guardian of Patient

Date