

Miles of Smiles, P.L.L.C.
(603) 437-8204

WELCOME to Miles of Smiles. We are pleased to have you as a patient and we look forward to many years of providing your dental care.

SERVICES:

This is a general, family dental practice. We treat patients of all ages. Our services include fillings, cleanings, examinations, crowns, bridges, dentures and denture repairs and relines, extractions, root canals, gum treatments, as well as cosmetic services such as bonding and veneers. We offer preventive services such as sealants and fluoride treatments. We also have an excellent working relationship with the specialist in the area should you require their services.

APPOINTMENTS:

Please remember that your appointment is reserved just for you, therefore, if there must be a change, we require 24 hours notice or you will be billed \$50.00 for a broken appointment.

PAYMENTS AND DENTAL INSURANCE:

Payment in full is expected for the treatment rendered at each visit. If you have dental insurance, we will assist you in the completion of forms and calculation of your percentage of payment due, and we will bill your insurance company for their portion. **Insurance is not a guarantee of payment.** Your portion of the fee is your responsibility at the time of your visit. If, for some reason there is an unpaid balance, the terms are net 30 days, overdue accounts are subject to a 1.5% per month service charge (18% per-annum) plus cost of collection fees, if any.

RETURNED CHECKS:

We have a returned check fee of \$50.00 which must be paid in cash, charge or money order 10 days after we receive notice from the bank. Any patient who has a minimum of two checks returned from the bank will be required to pay CASH or CHARGE for all future services.

REGULAR CHECK -UPS:

We recommend that patients keep their periodic exams to insure optimum results. Regular dental care will insure that if dental problems develop they can be identified early, thus minimizing both pain and expense.

HIPPA:

We are compliant with Federal HIPPA regulations and have given you a copy of our privacy practices.

Record Transfer:

There will be a \$25.00 charge per patient. All family members over the age 18 must sign a release form.

THANK YOU for choosing us as your dental professionals. We look forward to a long, happy, and healthy relationship with you.

I have read and understand the office policy.

Your signature

Date