



Little Smiles of Orange County Financial Terms and Conditions

Thank you for choosing Little Smiles of Orange County as your dental care provider. We strive to provide the very best service to our patients in every way possible and are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is our Financial Policy, which we require you to read and sign prior to any treatment.

We consider our relationship with you to be of primary importance and will always make our recommendations based on what we believe is the very best treatment for you regardless of your insurance coverage or financial arrangements. For your comfort and convenience, we offer a wide range of financial options, and welcome your suggestions and questions.

Pay As You Go

FULL PAYMENT IS DUE AT THE TIME OF SERVICE.

You may choose to pay your obligation for each visit. We accept Cash, Cashier's Check, Money Order, Visa, MasterCard, American Express, Discover and Personal Check. There will be a fee charged on all return checks.

Care Credit

Interest free payment plans with low payments up to 12 months. With good credit we can get fast approval by phone or internet. If insurance applies Little Smiles of Orange County will accept assignment of benefits and deduct the "estimated" figure from the amount owed. Your financial policy with Care Credit is a contract between you and Care Credit; we are not party to that contract.

Gradual Treatment Plans

FOR THOSE PATIENTS ON A LIMITED BUDGET. By prioritizing treatment, those patients who do not have dental insurance or on a tight budget can still complete their dental work by spreading appointments over several months.

Minor Patients

The adult accompanying a minor are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved payment method at the time of service.

In the situation involving divorced or separated parents, the person who has signed for consent for treatment and brings the patient to the office will be held responsible for costs incurred during the patient's dental treatment. We cannot send statements to other people. If the guarantor (account's responsible party) differs from the party who has signed the consent, please inform the administrative staff prior to treatment.

Missed Appointments

Little Smiles of Orange County requires advance notification for any appointment that needs to be cancelled. Notice of 24-hours is required, in order to allow us time to fill the appointment slot. If you fail to give us adequate notice, or if you "no show" for your appointment, you will be charged as follows:

1. Unless cancelled at least 24-hours in advance, our policy is to charge for a missed appointment at the rate of a normal office visit, up to \$40.00. However,

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the first missed appointment fee will be waived if you reschedule your appointment, and show up.

2. Any missed appointment thereafter will be charged at \$40.00 and will not be waived.
3. Please be on time to your appointment. Arriving 15 minutes or later to your appointment will result in a \$25.00 charge and your appointment will be rescheduled for a later date.

Please help Little Smiles of Orange County serve you better by keeping scheduled appointments.

Interest

There is a 1 1/2 % finance charge (18% APR) on any unpaid balance carried for more than sixty days.

Legal

In the event of any legal action, by either party, to enforce the collection fees for Little Smiles of Orange County due under this agreement, the prevailing party shall recover reasonable attorney's fee and costs. In the event of any costs incurred in the collection of fees (such as attorney's fees) due under this agreement, the additional costs will be added to the account.

Thank you for understanding the Financial Terms and Conditions of, Little Smiles of Orange County. Please let us know if you have any questions or concerns.

I have read the Financial Terms and Conditions. I understand and agree to Little Smiles of Orange County's Financial Terms and Conditions.

Print Name

Signature

Date

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