

# DRS OF SMILES

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We are very concerned about the cost of your dental needs and want to address some current issues related to our fees. Please be assured that our charges accurately reflect the complexity of care rendered. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. We possess the skill and expertise required to deliver excellence in the services we provide to you.

**We would like to avoid any misunderstanding and clarify our financial policies.** Fees are due and payable at the time of services. *Please be prepared to pay at that time.* We accept cash, check, debit card and all major credit cards. In addition, we offer 3<sup>rd</sup> party financing with approval from several different credit plans, some with an interest free loan for up to 12 months. (Application must be completed by you and approved by credit plan). Any other short-term financial arrangement must be made with our Financial Administrator prior to treatment.

There is a \$35.00 service charge for all returned checks. Any account balance that is over 60 days is subject to a \$2.00 monthly billing charge, or a 1.5% monthly finance charge – whichever is greater. You are responsible for any late fees, attorney fees, court costs or collection costs that may be incurred to collect this account.

## CANCELLATION POLICY

We try to make the most of your time while here in our office. Please respect our time too. There will be a \$50.00 cancellation fee for all appointments that are cancelled without 24 hour notice.

## PARENTS THAT ARE DIVORCED

It is the responsibility of the parent that brings the child in to take care of all finances for that child at the time of visit.

## PATIENTS WITH DENTAL INSURANCE

If you have insurance, *please understand that you are responsible for your account.* Although we are not required to file your insurance claims, we will do so as a courtesy for our patients. We do not determine the amount of coverage you will receive, your insurance company and your employer do this. We will ESTIMATE your portion and request that amount from you when services are rendered and benefits will be assigned payable to us. If there is any amount that your insurance does not pay, you are responsible for the balance left. *When your insurance company states that it will cover a certain % of your dental work, it means it will cover a certain % of Usual and Customary. (Their fee schedule, not ours).* If you have any questions, please refer to your Insurance handbook or contact your insurance company. We encourage you to be fully informed of the benefits available to you through your insurance program.

Our patient's care is our priority and these measures allow us to keep our fees in check while providing quality care. If you have questions concerning any of the above, please feel free to discuss it with our office.

Sincerely,  
Dr. Scott LeSueur, Dr. Charles Dodaro, & Dr. Glenn LeSueur

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DATE

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SIGNATURE TO VERIFY YOU HAVE READ THE ABOVE