



# CHARLES A. SMITH, DDS & ASSOCIATES

Specialists for Aesthetic Dentistry

Charles A. Smith, DDS  
Specialists for aesthetic dentistry  
Römerstraße 1, 69115 Heidelberg

Dear Patient:

Thank you for choosing our office for your dental needs. We would like to acquaint you with our policies regarding dental insurance, schedule changes and general information. We always strive to maintain quality dentistry with compassion in a comfortable and friendly atmosphere. We hope that you and your family will feel welcome to our dental family.

1. We are a fee-for-service dental practice. Full payment is expected at the end of each treatment. Three methods of payment are available.
  - Payment by credit card (Visa, MC, EC)
  - Money Wire Transfer
  - Outside financing with the Zahnärztliche Abrechnungsgesellschaft AG.

You must qualify to use this option.

\*Check and cash are not accepted\*

All Patients with an outstanding balance will receive a statement each month. We reserve the right to apply a billing charge of 1.5% on all accounts 30 days overdue.

2. If you have dental insurance, as a service to you, we will assist you with completing your insurance forms with all of the necessary information. It is the responsibility of the patient to submit their insurance claims, as we do not directly submit to insurance companies. **(TRICARE-United Concordia Active Duty is an exception)**. All receipts of services will be printed in English facilitating an easy submission to American Insurance companies.
3. We value our patient's time and we hope that our patient's value our time. If a patient is unable to make an appointment; we require a phone call/email 24 hours before the appointment. **A fee of 50 Euros will be charged when patient fails to cancel 24 hours prior to the appointment.**
  - If you are more than 15 mins late to your appointment, unfortunately we will be unable to see you for your appointment.

I have read and fully understand the financial options. I agree to accept responsibility for payment of my bill. I understand that Dr. Charles A. Smith and Associates have the right to contact my sponsors command in efforts to collect any debt. I further understand that in the event my account becomes delinquent I will be responsible for any collections, attorney fees at 33 1/3, court costs, interest (and any other charges incurred to collect this account) on the principal balance of 18% per annum from the date of service.

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Signature of patient or guardian

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Date