

6025 N. Green Bay Ave
228-3000
Glendale, WI 53209
smilewi.com



Phone: (414)

Website:

PATIENT BILLING INFORMATION

1. We are happy to submit your insurance, but the bill is the patient's responsibility.
2. Most insurance plans do not cover the total amount of services billed.
3. The patient is responsible for all co-pays, deductibles, and all services not covered by insurance, at the time of service.
4. It is the patient's responsibility to keep track of their maximum annual insurance benefit.
5. As per office policy, 24 hour notice must be given to avoid a missed appointment charge.

X _____
PATIENT'S SIGNATURE