



FINANCIAL POLICY

We are pleased to welcome you to our practice. Our goal is to provide your child with the highest quality dental care to create caring relationships in a compassionate and friendly atmosphere. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our financial policy that we require you to read and sign prior to any treatment.

Full payment is due at the time of service. (See insurance section below).
We accept checks, debit cards, and credit cards (Visa, MasterCard, Discover).
We offer CareCredit and extended payment plans with no interest upon approved credit.

Insurance

Your insurance policy is a contract between you and your insurance company. Please know that your insurance benefits are determined by you and your employer, and we are not a party to this contract. We will file your primary dental insurance claims as a courtesy to you. Please be aware that some, and perhaps all of the services provided on your behalf, may be non-covered services and not considered reasonable and necessary under some insurance plans. We do not guarantee payment, and we are not responsible for providing you with the plan, limitations, exclusions and provisions determined by your insurance company. If your insurance company requires a referral or pre-authorization, you are responsible for obtaining it and we do not require deductibles and patient portions to be paid at the time of services rendered. The balance is your responsibility whether or not your insurance company pays.

Finance Charges

By law, your insurance company is required to pay each claim within 30 days of receipt we file all insurance electronically, so your insurance company will receive each claim within days of the treatment. You are responsible for any balance on your account after 30 days, whether insurance has paid or not. We will be glad to send you a refund if your insurance pays us. After 90 days, the account will be considered past due. At this point, we refer your account to a collection agency and additional 33% will be added to your account balance to cover all costs and expenses, including all responsible attorney fees for this service.

Minors

The person bringing the child to their appointment is financially responsible for all services rendered unless arrangements prior to the appointment have been made .

Missed appointments

Appointment times are reserved just for you. Please help us serve you better by keeping your scheduled appointments. Unless rescheduled at least 24 hours in advance, our policy is to charge a \$50 no-show fee. For scheduled sedation appointments a \$50 no-show fee will be SS to the account , excessive missed appointments may result in being asked to seek dental services elsewhere.

Emergency Appointments

If a child is seen for an emergency after regular business hours, and after hours fee is charged in addition to any services rendered at the visit. All emergency treatment must be paid in full at the time of service.

Returned Checks

There is a fee of \$30 for any check, returned by the bank

Divorce

The responsible party prior to a divorce or separation will remain responsible for payment. Independent of what a divorce decree may state reimbursement may be made between the divorce parents we will not intervene.

Effective Date

Once this document assigned, you agree to all terms and conditions in the agreement will be full force, and effect.

Name of Patient

Date

Parent or Responsible Party

Date

Signature of Parent or Responsible Party

Date