

# dentistry For children

## FINANCIAL AGREEMENT:

As a courtesy to our patients, we will bill your insurance company, however, the responsibility for payment remains with you. In order for us to bill your insurance you must supply us with complete information about your coverage including any necessary forms, identification information, and group numbers. Please note: Any treatment estimates generated by our office are estimates only. You will still be responsible for any difference between our estimate and what your insurance pays.

Insured dental patients are expected to pay the estimated non-insurance portion at the time of service. Most dental insurance plans do not cover 100% of the cost of your treatment. If insurance has not paid within 60 days of treatment you will need to make full payment to this office and be reimbursed when insurance pays. We will mail monthly statements to all our patients with an outstanding balance. Unpaid balances over 30 days will be assessed an annual finance charge of 18%.

Patients who are not insured are expected to pay in full the day services are rendered unless prior arrangements have been made. Payments may be made with cash, check, Visa, MasterCard, Discover, American Express, and Care Credit. For uninsured patients we offer a 5% discount of the total balance due if paid by cash or check either on the day services are rendered or before the date of service.

I acknowledge that I am financially responsible for all charges whether or not they are covered by insurance. I also acknowledge that any appointments I fail to show up for are subject to a \$25.00 fee. Checks returned for non sufficient funds will be charged a \$25.00 returned check fee. If it becomes necessary to send your account to collections, any amount owed on this or subsequent visits, the undersigned agrees to pay for all costs and expenses, including reasonable attorney fees. I hereby authorize the doctor to release information necessary to secure the payment of benefits.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_