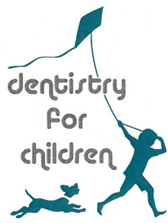

Dentistry for Children Financial and Office Policies

- As a courtesy to our patients, Dentistry for Children 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 and current information about your insurance coverage including any necessary forms, identification information, and group numbers. It is the responsibility of the subscriber to know what their eligibility and coverage is with their insurance carrier, as well as if we are contracted with your insurance company. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility. You agree to pay any portion not covered by your insurance. Initials____________

- Insured dental patients are expected to pay the estimated portion at the time of service. Most dental insurance plans do not cover 100% of the cost of your treatment. Any balance remaining after insurance reimbursement is your responsibility. 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 mail monthly statements to all our patients with an outstanding balance. Unpaid balances over 45 days will be assessed an annual finance charge of 18%. Initials____________

- Patients who are not insured are expected to pay in full the day services are rendered. Payments may be made with cash, check, all major credit cards, or Care Credit. If payment cannot be made in full at the time of service then a payment arrangement must be made prior to leaving the office. For uninsured patients we offer a 5% discount of the total balance if paid by cash or check on the day services are rendered. The discount is forfeited if payment is not received in full on the date of service. Initials ____________

- Past due balances- Dentistry for Children makes every attempt to collect past due balances by monthly statements. In addition, we will attempt to contact you via phone and email. All balances are due within 90 days from date of service. After 90 days, all unpaid balances will be turned over to an outside collection agency. Once your account has been turned over to collection services, we will no longer be in a position to provide dental services for your children.
  Initials____________

- Change of personal information- It is your responsibility to notify our office of changes in personal information such as insurance, address, phone numbers and email address. Initials____________

- Divorce- In cases of divorce, *please do not place our office in the middle of marital disputes*. It is your responsibility to work out payment of your child's dental care between custodial and non-custodial parent. Initials____________

We must emphasize that as providers our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are strictly your responsibility from the date services are rendered.

(cont. reverse side)

Dentistry for Children Financial and Office Policies (continued)

- I acknowledge that I am financially responsible for all charges whether or not they are covered by insurance.
- Checks returned for non-sufficient funds will be charged a $25.00 returned check fee.
- I also acknowledge that any appointments I fail to show up for are subject to a $25.00 fee.
- If it becomes necessary to send your account to collections for 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:_______________________

Relation to patient:____

Patient name(s):____