



FINANCIAL POLICIES FORM

We will verify your insurance eligibility and coverage information so that claims may be submitted following treatment. Please let our office know if your dental insurance has changed 1 week prior to your child's scheduled appointment. Please remember we submit claims as a courtesy to our patients. You, the parent or legal guardian, are ultimately responsible for any balance on the account regardless of insurance involvement. We will collect payment from the parent who brings the child in for dental services, unless prior arrangements have been made.

The insurance contract is one between subscriber (parent/guardian) and insurance company.

You must be familiar with your insurance benefits, as we will collect from you the estimated amount that insurance is not expected to pay. By law, your insurance company is required to pay each claim within 30 days once they have been received. We file all claims 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. If you have not paid your balance within 90 days, a finance charge of 1% will be added to your account each month until paid. We will be glad to send a refund to you once we have received payment from your insurance carrier. I realize that the failure to keep this account current may result in the dentist being unable to provide additional dental services except for dental emergencies or where there is a prepayment for additional services.

Co-payment is estimated only. For extensive treatment, a pre-treatment estimate can be submitted to your insurance per your request. A pre-treatment estimate is not a guarantee of benefit or payment. Actual benefits are not determined until your insurance carrier receives a claim for processing.

While we do our best to provide accurate information and to collect the maximum benefit for treatment rendered, there are times when a balance will remain after you have made a personal payment and the insurance has made their payment. The responsible person is liable for any balance remaining on the account, regardless of insurance. There are no contract adjustments or write-offs on any balance after an insurance company has made their payment.

It is the subscriber's responsibility to respond to any and all insurance inquiries. Claims may be pended if additional information is needed regarding secondary insurance coverage or parental liability as a result of divorce.

Payment is due at the time of treatment. We accept Master Card, Visa, Discover, and American Express. Payment with personal check will be accepted not to exceed \$200. There is a \$50.00 insufficient funds charge on any returned check.

After the examination of your child is completed, you will be given a printed summary of the projected treatment with an estimate of the anticipated fees. Please note that this is an estimate only and is subject to change with unforeseen changes in the treatment. Changes in the treatment plan do not diminish the parent or legal guardian's responsibility with regard to payment.

There will be a \$25 deposit that goes towards future appointments for all failed appointments; parents must cancel 24 hours in advance to avoid this fee. We do attempt to confirm appointments, but do so only as a courtesy. The Parent/Guardian is ultimately responsible for any scheduled appointments made for the child.

I acknowledge that I have read and agree to the above policies:

Patient's Name _____

Parent or Legal Guardian's Name _____

Parent or Legal Guardian Signature _____ Date _____

If you have questions about any of this information please speak with one of our team members.