

DENTISTRY FOR CHILDREN FINANCIAL POLICY

We would like to take this opportunity to welcome you to our office, and to let you know we are committed to providing your family with the best possible care. So there is no misunderstanding as to what our financial policy is, please take time to read and sign this form. We will gladly discuss your proposed treatment and answer any questions relating to your insurance. We reserve the right as the doctor to change treatment as deemed necessary, for the benefit of the patient.

We strive to inform our families of treatment costs prior to services being performed, however should your family require emergency care after hours, weekends or holidays there will be an additional fee that may not be covered by your insurance.

We understand not everyone has access to dental insurance, therefore we offer several ways to take care of your families fees. We offer Care Credit, and accept cash, checks, and most major credit cards. For those families who have dental benefits we will file your claim as a courtesy, provided you supply us with the assignment of benefits and correct insurance information. If this information is not supplied prior to the appointment you will be required to pay for the services that day. In order to continue to deliver a high quality of care to our patients, any patient balance will be due day of service.

Your insurance is a contract between you and the insurance company. Payment to us is your responsibility. Please keep in mind that not all services are covered benefits on all plans and the term **Reasonable and Customary** fee for dental care varies greatly between insurance companies.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise we encourage you to contact us promptly for assistance in the management of your account. From time to time we are faced with families not responding to our help in payment of their bills, for these cases we do use an outside collection agency. After 90 days an 18% finance charge is assessed. If we have to file suit to recover the dental fees, the undersigned shall be responsible for reasonable attorney fees, and interest charges from the attorney fees incurred, to collect the past due amount. We reserve the right to contact the credit bureau if necessary.

If we should receive a returned check from your bank you will be notified and expected to pay your bill with cash or credit card with in two weeks. If you do not respond nor take care of your outstanding balance within one month we will not be able to continue to see the family in our practice. We will make several attempts to reach you regarding the matter but it is your responsibility to take care of the returned check.

So there is no misunderstanding as to what our financial expectations are please read the information carefully and then sign. You may request a copy.

Parent or Guardian Signature