

Children's Dental Care

Pediatric Dentistry & Orthodontics



Financial and Appointment Policy

We are pleased to welcome you to our practice. Our desire is to provide you with the highest quality dental care, to educate your family on proper oral hygiene, and to create caring relationships in a compassionate, child friendly atmosphere. It is our policy to make definitive financial arrangements with you before any treatment starts. Below is an explanation of our payment procedures. If you have any questions, please do not hesitate to ask.

1. Payments for services are due at the time services are rendered. We accept **cash, checks and credit cards:** Visa, MasterCard, Discover and American Express. There will be a **\$25.00 service charge for all returned checks.**
2. As a courtesy we will provide you with a copy of the charges to submit to your insurance carrier for your reimbursement or you may assign the payment to our office and we will file the insurance for you.
3. You must provide the office with a **dental (not medical)** insurance card with the proper mailing address of the insurance company, or provide a **dental (not medical)** claim form, which is provided by the employer. If one of these documents is not available at the time of the appointment, you will be responsible for payment of all fees and we will provide you with a claim form for you to submit for reimbursement.
4. If insurance benefits are assigned to the doctor, you will be responsible for **paying your deductible and copayments at the time of service. You are responsible for paying all charges not covered by your insurance company, including all fees considered above your insurance company's usual and customary fee schedule.**
5. Your insurance benefits are a contract between you and your employer. The amount of coverage you will receive will depend on the quality of the plan purchased by your employer, not the fees of the doctor.
6. **The office cannot carry insurance balances longer than 30 days; if your insurance carrier does not pay a claim, you are responsible for the balance in full.** A finance charge of \$25.00 per month will be applied to your account on balances that are outstanding for longer than 30 days.
7. After 90 days, we will inform you of a delinquent account by letter and if no action is taken to clear the account, this office will be required to employ a **collection service** to collect payment.
8. The **parent or guardian who brings the child for their initial visit is responsible for payment** independent of what a divorce decree may state. Reimbursement must be made between the divorced parents. **We will not intervene.**
9. **Appointments cancelled with less than 24 hours' notice will incur a \$25.00 fee per child. If dental appointment is canceled the same day we are entitled to dismiss/refer patient.**