



FINANCIAL POLICY

Welcome to Dentistry for Children. We ask that you read and sign our financial policy prior to any treatment. To avoid misunderstandings, please ask us if you have any questions about our policies.

Payment for Service: Our policy requires payment for services at the time service is provided. If special arrangements are needed, please discuss those arrangements with our front office lead or office manager.

Method of Payment: Our office accepts cash, MasterCard, VISA, Discover, American Express, and CareCredit®

Insurance: As a courtesy to you, we will verify your insurance benefits, estimate your co-insurance (what you owe) at the time of your appointment and file your insurance claims. To do this we must have complete and accurate information from you.

- **Verification of benefits** is not a guarantee of payment by your insurance company; final determination is made by your insurance company at the time the claim is received.
- An **insurance estimate** is not a guarantee that your insurance will pay exactly as estimated. Your insurance company determines the amount paid. We will, of course, do all we can to make sure your estimate is as accurate as possible.
- You are responsible for payment of **estimated co-insurance, deductible, co-pay or non-covered services** at the time of service. We will file all claims with your insurance company.
- To determine exactly what amount will be covered by insurance, we will gladly request a predetermination by your carrier. This request may take up to four weeks to be processed by the insurance company.
- **All charges you incur are your responsibility.** Your insurance policy is a contract between you and your insurance company. You are responsible for payment whether or not your insurance pays.
- It is your responsibility to obtain required **authorizations or referrals** from the insurance company or primary care physician for each visit. Failure to have a current authorization could result in rescheduling your appointment or requiring payment in full for all services relating to the appointment.
- We ask that you sign this form and any necessary documents that may be required by your insurance company.
- Insurance payments are ordinarily received within 30-60 days from the time of filing. If your insurance company has not paid within 60 days, we ask that you contact your insurance company to make sure payment is expected. If payment is not received or your claim has been denied, you will be responsible for the full balance at that time.
- We will cooperate fully with your insurance company to assist in the claim being paid.
- **Non-Insured:** If you do not have insurance or our office is not a participating provider with your insurance plan, full payment is due at the time of service.
- **Collection Fees:** If it becomes necessary for our office to enlist a collection service and/or legal assistance, you will be responsible for any collection and/or legal charges incurred. A fee will be added should your account be placed in collections. You will also be responsible for any legal fees and costs should the account go to litigation.
- **Minor Patients:** The parent or guardian accompanying a minor is responsible for the payment of services, regardless of insurance coverage.
- **Divorced Parents:** The parent who brings the child to the appointment is deemed responsible for payment, regardless of who provides insurance coverage. Our office will not become involved in disputes over which parent is the responsible billing party.

I have read, understand and agree to the above terms and conditions. I authorize my insurance company to pay my benefits directly to Dentistry for Children.

PRINTED PATIENT NAME

DATE

SIGNATURE OF PATIENT OR PARENT / LEGAL GUARDIAN