



Financial Policy

Thank you for choosing **Dentistry For Kids** as your child's dental specialist. We are committed to your child's treatment being successful and pleasant. It is our policy to make definite financial arrangements with you before treatment starts. The following is an explanation of financial policy. Please read it and, sign the agreement below. A member of our team will be happy to answer any questions you may have.

- 1. Payment:** Payments and/or co-payments for treatment are due at the time services are rendered. We accept cash, checks, Care Credit, and most credit cards. Please inquire at the front desk for information on our payment options
- 2. Cash Specials: 15%** discount for cash payment (does not apply to reduced fee plans, insurance or use of Care Credit).
- 3. Returned check:** If a check is returned for any reason, there will be a rebilling charge up to **\$25.00** and checks may no longer be accepted.
- 4. Financial responsibility:** The parent or guardian who brings the child for their visit is responsible for payment, independent of what a divorce decree may say.
- 5. Cancellations:** Please contact us 48 hours prior to your child's appointment if you need to reschedule. If you fail to show for two scheduled appointments, you will regretfully receive a termination letter from our office.
- 6. Insurance:** In an effort to keep dental costs down while maintaining a high level of professional care, our financial policy is payment due at time of service. We file insurance claims as a courtesy to our patients. Please note that under most insurance plans, this amount would satisfy the patient's co-payment requirement. However, you are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. You are responsible for deductibles, co-payments, coinsurance and dispute resolution with your insurance company.
- 7. Follow-up:** Please call your insurance company in 2 weeks to make sure that they have received the claim and it is being processed for payment. We ask that you pay your account balance within 60 days from the date of service.
- 8. Services Not Covered:** Dentistry For Kids does composite (white) fillings, commonly recommends sealants, and gives fluoride treatments as part of the routine exam and cleaning. Some insurance policies have coverage limitations on these procedures. Patients will be responsible for any balance incurred as a result of a coverage limitation, co-insurance or deductible. Although your policy may state that you have 100 % coverage on either preventative or basic services be aware that your yearly deductible may apply.
- 9. Sedation and General Anesthesia:** Sedation and General Anesthesia appointments require extra time and preparation, and are not as readily available as regular appointments. We ask that you give us 48 hrs advanced notice should you need to cancel or reschedule. We require prepayment for these appointments. Sedation \$228. General Anesthesia: Payment in Full.

Financial Agreement

**I understand that I am responsible for the payment of all fees for dental treatment for the named patient.
I understand that I am responsible for any fee not paid by the patient's dental or medical insurance.**

Signature: _____ Print name: _____

Relationship to patient: _____ Date: _____