



FINANCIAL POLICY

In order to establish optimal relations with our patients and to avoid misunderstandings regarding our payment policies, our front office staff is trained to inform you of the financial policy of this office. Your signature below indicates that you understand and accept our financial policy.

Payment of Fees

Payment is due at the time of service unless you have made prior arrangements with our office. We accept cash, personal checks, Visa, MasterCard, and Discover. The parent or guardian who signs this financial policy is considered to be the responsible party for account payment.

Insurance

Your dental insurance is a contract between you and the insurance company. We are not a party to this contract. We will bill your primary and secondary insurance as a courtesy to you. Although we may estimate what your insurance coverage may pay, it is the insurance company that makes the final determination of your eligibility. You agree to pay any portion of the charges not covered by your insurance and authorize the release of necessary information to the insurance company to determine liability for payment and to obtain reimbursement for any claims. We will not file to tertiary or medical insurance policies. If your insurance company requires a referral and/or preauthorization, it is your responsibility to obtain it. Failure to obtain the referral and/or preauthorization may result in lower payment from the insurance company. You will need to supply our office with a copy of your dental insurance ID card. **After 45 days from the date of the original filing, payment is expected in full from you if not received from the insurance company.**

Medicaid

Our office **does not currently accept** Medicaid as a form of dental insurance. Patients who have Medicaid as dental insurance will be considered self pay for services rendered in our office.

Missed Appointments

In order to allow the best possible care for your child, we reserve a specific time just for you and make every effort to see your child as scheduled. We appreciate your promptness and your consideration in not changing your scheduled time. However, if you need to change your appointment, a 24-hour notice is required. If at least 24 hours notice is not given to change or cancel an appointment or if you miss your scheduled appointment, we reserve the right to charge a fee of \$50 for the missed appointment. If your child is unable to be seen because you are more than 10 minutes late for your appointment, you may also be charged the \$50 fee for a missed appointment. This fee must be paid before another appointment may be scheduled.

Patients with two missed appointments may be required to transfer their records to another dentist.

Sedation Reservation Fee

A reservation fee of \$100 is required to make an appointment for a sedation visit. This fee will be applied to your portion of the bill on the day of the sedation appointment. If the appointment is missed or if the patient is excessively late, the fee will be kept as a missed sedation appointment charge.

Returned Checks

There will be a fee of \$25 for all returned checks.

I hereby acknowledge that I have read and understand the above information and that I agree to abide by the entire financial policy stated above. If this account is assigned to an attorney or collection agency, I agree to be responsible for any attorney fees, collection fees, and court costs incurred.

Patient's Name: _____ **Date:** _____

Parent or Guardian's Signature: _____