



## Payment and Financial Policy

1. **Insurance.** We currently participate with Delta Dental. If you are insured by a plan we are not contracted with, payment in full is expected at each visit. Knowing your insurance benefits is your responsibility. Please contact your insurance company with questions you have regarding your coverage. We ask that you read your policy to be fully aware of any limitations of the benefits provided. Please note: Many plans have frequency limitations pertaining to a number of the procedures done in our office. These limitations may change from benefit-year to benefit-year. If you are concerned about coverage for these services, please contact your insurance company prior to your visit. As a courtesy, we are happy to file and track claims electronically for you.
2. **Responsibility for Dental Care.** Every minor child, under the age of 18, seen in our office for medical services must be accompanied by a parent or legal guardian, or by an adult who has obtained written consent for treatment from the parent or legal guardian. The accompanying parent of a minor will be responsible for copayments, co-insurance, deductibles, & non-covered services. In the case (such as divorce) it will be up to him/her to seek repayment from the other parent. Our top priority is to treat your child's dental needs, not be placed in the middle of your dispute.
3. **Copayments.** All copayments must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect copayments can be considered fraud. Please help us in upholding the law by paying your copayment at each visit.
4. **Non-covered services.** Please be aware that some - and perhaps all - of the services you receive may be non-covered or not considered reasonable or necessary by the insurer. You must pay for these services at time of service or with-in 14 days of billing statement.
5. **Proof of insurance.** All patients must complete our patient information form before seeing the dentist. We must obtain a copy of a current valid insurance card to provide proof of insurance. If you fail to provide the correct insurance information in a timely manner, you may be responsible for the balance of a claim.
6. **Claim submission.** We will submit your claims and assist you in any way we reasonably can to get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. If they have not paid within 60 days, the balance will be billed to you. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.
7. **Coverage changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.
8. **Nonpayment.** If your account is over 30 days past due, you will receive a letter stating that you have 14 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid past 45 days, we may charge a service fee of \$30 and refer your account to a National Collection Agency authorized to credit report all debts to the four major National Credit Agencies and litigate in a court of law.
9. **Payment Options.** For your convenience, the following options are available:
  - Cash (exact amount only) or check (returned checks will be subject to a \$35 return check fee. If the check is returned for any reason, your account becomes due and payable within 7 days).
  - Credit Card and Debit Cards: Visa, MasterCard, Discover and American Express.
10. **Appointment Cancellations.** We gladly reserve appointment times for your children. As a courtesy, we will attempt to remind you of your appointment 4,3 and 2 days prior to your appointment (by email, text, and phone call respectively) if you have yet to confirm. In the event that you have not provided us with a mobile number, have designated our sending email address as spam, your mailbox is full, or line is busy, our efforts to contact you may be unsuccessful. An appointment is a contract of time reserved for your child's/children's treatment. We respect our patients' valuable time and we request the same courtesy from our patients. Please extend this courtesy should you need to cancel and/or re-schedule your appointment. **There will be a \$50 charge for broken appointments that are cancelled less than one full business day prior to the date of the appointment.**

My signature below acknowledges that I have read and understand this information:

Patient Name: \_\_\_\_\_

Parent/Parent/Guardian Signature: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_