

# Dentistry for Children

## **FINANCIAL AGREEMENT**

It is our goal and Dentistry for Children to provide the highest quality, comprehensive dental care. In an effort to maintain this level of care, we have developed our financial policy to assist in keeping our costs as affordable as possible and avoid the high costs of billing.

It is your responsibility to understand your insurance benefits. Depending on your insurance provider, they may pay a fixed allowance for certain procedures or a percentage of the charge. As a courtesy to our patients, we will be more than happy to file your insurance claim(s) for you, provided all benefit information is updated by the date of appointment. *You will be expected to pay for services rendered if we are unable to verify insurance information before treatment.*

It is the patient's responsibility to pay any deductible amount, co-insurance or any other balance not paid for by their insurance company. Unpaid balances older than 30 days will be charged 1.5% interest. Delinquent accounts are subject to being transferred to our collection agency.

## **IF YOU CARRY INSURANCE**

By signing this form, you certify that you, and/or your dependents have insurance coverage as noted in your account, and assign directly to the dental office all insurance benefits, otherwise payable to account holder for services rendered. You understand that you are financially responsible for all charges whether or not paid by insurance. You authorize the use of your signature on all insurance information. The dental office may use your health care information and may disclose such information with the purpose of carrying out the treatment, payment, and healthcare operations.

**MOST IMPORTANTLY**, please keep us informed of any changes to your benefits plan, including but not limited to policy holder, company address, change of employment, etc. It is your responsibility to keep records updated.

Payment plans and financial arrangements are available for comprehensive dental treatment. Please speak to us to make arrangements prior to commencing treatment.

**IF YOU DO NOT CARRY INSURANCE**, we offer the following payment options:

- Cash – 5% discount given if treatment is paid in full on date of service; this does not apply to co-insurance/co-payment amounts or if you carry insurance
- Check – same day electronic processing from your account
- Credit card – Visa / MasterCard / American Express / Discover
- Care Credit Financing (please speak to a Patient Coordinator for more information)
- Sunbit Financing (please speak to a Patient Coordinator for more information)

## **Please note:**

- A fee will be assessed upon failed appointments and any cancelled appointment without 48-hours prior notice
- A service charge of \$35 will be assessed on all returned checks