



FINANCIAL POLICY

Please understand that financial arrangements are made directly with you. For your convenience, the following outlines our financial policies:

1. Payment is due in full for each appointment as services are rendered and is to be paid by the person accompanying the child. We accept cash, MasterCard, Visa, American Express, and Care Credit. You will be responsible for payment of all costs and fees incurred, including attorney's fees, should collection efforts be made in order to fulfill a debt.
2. Dental Insurance: Please check with our staff to make sure that we accept your child's insurance plan. For all insurances that we do not accept, we will be happy to submit a claim to your insurance electronically, however payment is due in full at the time of service. The type of plan chosen by you and/or your employer determines your insurance benefits. As such, we have no control over the terms of your contract, the method of reimbursement or the determination of your insurance benefits. Any reimbursements by your insurance company other than those we directly participate with should be made directly to you according to the terms of your contract with them.
3. Pre-treatment Authorization: Some insurance companies recommend an estimate of the work to be done and the fees to be charged before determining their benefits to you. If so, we will provide you with the pre-treatment fee estimate. It will be your choice to determine if you wish to proceed with the treatment before the insurance benefit is determined.
4. Fillings and Crowns: Please be informed that we do not use amalgam restorations, but use white (composite resin) restorative materials. Your insurance company may not pay for a white filling or may downgrade the reimbursement. We also have white (zirconia) crowns available as an alternative to stainless steel crowns. For white fillings or crowns, the co-payment is your responsibility.
5. Nitrous Oxide Analgesia: Our office uses Nitrous Oxide Analgesia (Laughing Gas) for the comfort of our patients. This fee may or may not be covered by your dental insurance.
6. Appliances: The entire cost of the appliance must be paid on the day your child's impressions are taken to cover the laboratory fee.
7. Emergency Treatment: All emergency treatment must be paid in full at the time of services rendered.

Please remember, even if you have insurance coverage, you are responsible for payment of your account. Understand that your insurance coverage is a relationship between you, the insured patient, and your insurance company. Your understanding and cooperation with this matter is greatly appreciated. Past due accounts are subject to a monthly service charge and will be turned over for collection by an outside agency. I have read and understand my obligations.

Signature of Parent/Guardian: _____ Date: _____