



## FINANCIAL POLICY

- \_\_\_\_ 1. Payment is due at the time services are provided. Our office accepts cash, checks, and major credit cards
- \_\_\_\_ 2. Our office will file most all insurances.
- \_\_\_\_ 3. Our office does make an effort to obtain insurance benefit information; however, we are not able to keep up with the specifics of each and every policy. It is your responsibility to familiarize yourself with your personal policy; you may contact your insurance to find out specifics concerning coverage, insurance fee schedule and frequency limitations.
- \_\_\_\_ 5. While we are happy to assist with filing insurance claims, please understand that payment for all services is ultimately the patient's responsibility, regardless of insurance coverage. Our relationship is with you, our patient, and not with your insurance company. Insurance plans are agreements between you, your employer, and the insurance provider, and coverage decisions are determined by those plans. Our office is not involved in those agreements or their limitations.
- \_\_\_\_ 6. Each 6-month cleaning visit will include an exam, cleaning, and fluoride so that we may provide consistent and quality dental care for your child. We will do x-rays one time a year unless your child has a history of decay between the teeth.
- \_\_\_\_ 7. If operative treatment is required, we will provide you with a treatment estimate. Our estimate of your co-pay, deductible and co-insurance is just that-- an estimate. It is not a guarantee of coverage or payment from your insurance; you understand you will receive a bill for any remaining balance deemed your responsibility once insurance processes the claim.
- \_\_\_\_ 8. Returned checks will have a \$25 returned check fee
- \_\_\_\_ 9. Patient balances not resolved in a timely manner will be sent to an outside collection agency at the patient's expense. If your account is turned over for collection you are responsible for all collection agency fees, attorney fees, court costs, and all other costs of the collection.
- \_\_\_\_ 10. We will not get involved with divorce decree arrangements. Both parents are responsible for a minor child's bill and both parents will be held accountable. Full payment is due from the person bringing the child at the time services are rendered.
- \_\_\_\_ 11. A consent form must be signed and on file if anyone other than the legal guardian will be bringing the child to their appointments. Please contact our office for payment estimation and send payment with the person bringing your child for service.

I, the undersigned, have read the above policies and understand they apply to every patient at Kid's Dental Center. I have been given a copy of this Financial Policy.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_