



Financial/Insurance Policy

- All co-pays and/or fees not covered by insurance are due at the time of service. Any balance on the account once insurance payment has been received is due before the next appointment or within two weeks of your statement.
- As a courtesy, we will file your insurance claims upon receipt of your insurance card. A social security number and date of birth must be on file for the policy holder for insurance to be filed. Missing information may result in unpaid or denied claims which will then become your responsibility.
- **Please be aware that your insurance policy is an agreement between you and your insurance company.** It is your responsibility to remit payment for charges not covered by your insurer. If a problem occurs with your claim, you will be responsible for the balance in full and it will be your responsibility to resolve the matter with your insurance company. If you have any questions regarding your insurance plan, please contact your insurance company.
- It is your responsibility to know what your insurance benefits are, i.e. deductibles, maximum allowable benefits, frequencies of services, etc. We are not in network for any dental plans, but as a courtesy, we will file your insurance claim for you.
- Please understand that our office *estimates* the expected payment by your insurance company. All claims are subject to the terms and exclusions on **your** contract. Payment on claims is determined by **your** insurance company at the time the claim is received.
- All patients refusing to remit full payment after 60 days of notice without pending insurance or financial arrangements will force us to pursue further collection procedures which may include a third-party agency and additional fees.

Return check Policy

When you provide a check as payment, you authorize us to process the payment as a check transaction. Post dated checks will not be accepted. A \$25.00 fee will be charged for a returned check. You will then be required to pay by other means (cash, credit card, or money order) for any future payments.

Appointment Cancellation/No-Show Policy

- For the health of your child and the health and convenience of others, it is important to keep scheduled appointments. If you are unable to keep an appointment, a 24 hour notice is required so we may offer that time to another child.
- There is a **\$50.00 no-show/cancellation fee** for missed appointments or appointments canceled within the 24 hour window. **This fee must be paid prior to scheduling your next appointment.** Multiple missed or late arrivals for appointments could result in dismissal from the practice.

Thank you in advance for your cooperation. Your signature below acknowledges you have read and understand the above policies and agree to abide by the provisions of this policy:

Parent/Guardian Name	Parent/Guardian Signature	Date
Child Name	ID# (office use only)	