

FINANCIAL POLICY

Welcome to our practice! The following are Pediatric Dental Specialists, PA policies regarding payment and insurance.

- Payment in full is due at the time of service. If the patient is covered by dental insurance, your estimated portion is due at the time of service. We gladly accept cash, check, ATM/debit cards, and major credit cards (VISA, MasterCard, Discover and American Express). We also accept CareCredit, a credit card that offers interest-free financing. If you are interested in applying for this card, please ask one of our office personnel for details.
- By signing as guarantor below, you agree to be financially responsible for the care we provide to your child, regardless of whether a divorce decree or other arrangement places that obligation on the child's other parent or legal guardian.
- We do not accept medical insurance.
- An ESTIMATE for cost of services will be provided prior to treatment based on a clinical and/or radiographic (x-ray) exam. Any unforeseen change in your child's oral condition between the time an estimate is created and the time of treatment can alter the necessary treatment and as a result the amount you may owe, whether you pay with cash or utilize dental insurance.
- For those with dental insurance benefits, please read carefully:
 - The treatment ESTIMATE created is based on information from your insurance company at the time the treatment plan is created. The estimate is based on previous claims history already reported but does not take into account pending claims not yet received or paid by your insurance company. Other dental claims filed or fee updates that occur between the time the estimate is created and the time of service may affect the amount your insurance company will pay, and as a result the amount that will be your responsibility. The estimate is not a guarantee of payment by your insurance company or the exact amount which may be your responsibility. For precise information regarding your insurance coverage for any proposed treatment, we suggest contacting your insurance carrier directly.
 - We gladly file insurance claims as a courtesy. It is our goal to help you receive the maximum benefits available under your dental insurance policy. We request you read and understand your dental plan benefits prior to seeking treatment. Please realize that the contract is between you, (the insured), and the insurance company. The amount of coverage you will receive will depend on the quality of the plan purchased, not the fees of the doctor. Also understand that as a dental care provider, our relationship is with you, not with the insurance company. This means you will be responsible for paying all charges not covered by your insurance company, including all fees considered above your insurance company's usual and customary fee schedule. Any balance remaining after insurance payment is due in full upon receipt of statement
- Any unpaid balances over 60 days will be assessed a finance charge of 18% A.P.R., regardless of pending insurance claims. Any balances over 90 days will be sent to collections and/or small claims court and will be assessed a collection fee of \$100.00 plus any other costs/fees incurred while attempting to collect the debt. All accounts sent to collections and/or small claims court are subject to dismissal from the practice.
- Insufficient checks that are returned will be assessed the maximum allowable service charge.
- For accounts with credits, refunds are issued one time each month.
- This Financial Policy is subject to amendment without notice. By acceptance of the Financial Policy, you are agreeing to also be subject to any of the Financial Policy amendments. You may receive a copy of our current Financial Policy at any time, upon request.

AUTHORIZATION

- I authorize Pediatric Dental Specialists, PA to release any information to my insurance company as needed for payment of claims.
- I have read, understand, and accept the terms regarding payment of the above Financial Policy.

Signature of Parent and/or Legal Guardian

Print: Parent and/or Legal Guardian

Print: Date