



FINANCIAL POLICY

Thank you for choosing our office to provide dental care to your child. We value our relationship with you and believe that the best relationships are based on understanding. Therefore, we offer these explanations of payment for services:

Payments

- A payment is due in full by cash, personal check or charge card at each appointment as services are rendered.
- We accept Visa, Master Card, American Express and Discover.
- We offer Healthcare Financing through Care Credit.
- A charge of \$30.00 will be assessed on any returned checks.
 - o After two incidents of returned checks, we will no longer accept that form of payment.

Dental Insurances

- Dental Insurance is a contract between your employer and the insurance company. We cannot influence how much of our fees your insurance company will cover. Your benefits are determined by the policy your employer has purchased.
- We will provide the necessary paperwork if there is a secondary insurance company for which you can file your claim.
- Please be aware that the person bringing the child in for dental care is legally responsible for payment of all charges (excluding Medicaid and Health Choice patients).

Pretreatment Authorizations

- Some insurance companies request an estimate of the work to be done and the fees to be charged outlined and sent prior to determining their benefits to you (i.e. Impacted Canine Exposure).
- We will give you an estimate of necessary treatment and our fees which you may convey to your insurance company.
- It will be up to you to determine if you wish to proceed with the treatment before the insurance benefit is determined.

Fillings

- Our dental material of choice for fillings is a white filling also known as 'composite resin'.
- Please understand that some insurance companies do not pay for white filling (composite resin) at the same level as a silver filling (amalgam). The co-payment is your responsibility.
- In some cases, when the cavity is too large to be restored with a composite resin, the tooth will need to be 'crowned'.
- If the tooth requires nerve treatment (pulpotomy or pulpectomy) the tooth will need to be 'crowned' with a silver stainless steel crown.

Authorization

I certify to the truth of all information provided. I understand that I am responsible for all charges incurred by me or my family regardless of insurance coverage as insurance may not cover all service charges and that **PAYMENT IS DUE AT TIME OF SERVICE**. If my account requires servicing by a collection agency or an attorney I understand that I will be liable for any fees associated with said servicing (including but not limited to: collection fees, attorney fees, court costs) in addition to my outstanding balance(s). I also request that payment under my dental insurance program be made directly to 'Kids First Dentistry' on any unpaid bills for services furnished to myself or family members.

*****Broken Appointment Fee is charged without 24 hour notice*****

I authorize release of any dental information necessary to process this claim and all future claims.

I have read and understand my financial obligation to Kids First Dentistry.

SIGNATURE OF PARENT/GUARDIAN

DATE