



LITTLE SMILES PEDIATRIC DENTISTRY'S FINANCIAL POLICY

We are committed to providing you and your child the best possible care. If you have dental insurance, we will gladly help you receive your maximum allowable benefits. In order to do this, we need your assistance and your understanding of our financial policy.

The parent/legal guardian accompanying a minor (under 18 years of age) is responsible for the full payment. Payment methods are cash, check, Visa, MasterCard or debit. Information regarding outside extended payment plans is also available.

Regarding Non-Insured Patients

Full payment is due at the time of service. We are able to give our non-insured patients a 10% fee reduction.

Regarding Insured Patients

The portion of fees not covered by insurance is your (patient or patient representative) responsibility and is due at the time of service. If your insurance company has not paid for rendered treatment in full within 30 days, the balance will be your responsibility and is due in full at that time.

We will gladly discuss and answer to the best of our ability any questions regarding the financial aspects of dental treatment. However, please understand:

- At times, your insurance company may not pay 100% for service. Any discrepancies or questions between your expected insurance coverage and what the insurance company has actually covered should be directed to your insurance company.
- Your insurance coverage is a contract between you and your insurance company. The extent of coverage or any other details of that contract cannot be influenced by us.

We must emphasize that as dental care providers, our relationship is with you and your child. While we file insurance claims as a courtesy to our patients, all charges are your responsibility from the date of service.

Returned checks will incur an additional \$25.00 charge. Balances older than 30 days will be subject to a minimum charge of \$10.00 or 1.5% per month. Any account that is sent to collections will acquire a \$100.00 charge. A charge of \$60.00 will be applied to broken or cancelled appointments without a 24-hour advanced notice.

If you have any questions about the above information or the financial aspect of your dental care, please do not hesitate to ask us. We are here to help you.

CONSENT FOR INSURANCE SUBMITTAL: I authorize the dentist to release any information, diagnosis and records of treatment to third party payers and/or health practitioners. I authorize and request my insurance company to pay directly to the dentist insurance benefits otherwise payable to me. I understand that my insurance carrier may pay less than the actual bill for services.

I have read all of the information on this sheet. I understand and agree to Little Smiles financial policy.

Name: (please print) _____ **Date:** _____

SIGNATURE OF PATIENT (parent or guardian) _____ **Date:** _____