

Financial & Office Policies

The doctors and staff of All Kids Dental, P.C. would like to welcome you and your child(ren) to our practice. Our goal is to provide state-of-the-art dental care in a unique, fun loving, enjoyable atmosphere. We prefer to establish a financial relationship with you prior to providing treatment for your child(ren). Below is a review of our office policies. Should you have questions, please ask.

Payment: Payment is due at the time dental services are rendered. We accept cash, local checks, major credit cards, Care Credit (special financing on approved credit offering no interest plans) as well as in-office financing based on your credit score.

Dental Insurance: We accept assignment from most types of dental insurance but require appropriate proof of dental insurance coverage. Your insurance card and proof of current eligibility will be required at the time of service or you will be responsible for payment of all fees. If your insurance company requires a referral and/or pre-authorization, you are responsible for obtaining it. We will file a pre-determination for recommended treatment when it is requested by you.

We will accept assignment only from the primary insurance carrier, any secondary insurance coverage must be paid for at the time of service. We will file your primary dental insurance claim as a courtesy to you. We do not guarantee payment and are not responsible for providing you with the plan limitations, exclusions and provisions determined by your insurance company. You will be responsible for payment of all deductibles and co-payments at the time of service as well as charges not covered by your insurance company.

Our office will file your insurance a maximum of two times per appointment. If a claim is not paid by your insurance carrier within sixty days, you will be responsible for payment of the full balance and any further insurance appeal becomes your responsibility.

Insurance is a contract between you and your insurance company. Your insurance benefits are determined by the type and design of the plan chosen by your employer. Limitations established by your insurance company are negotiated by your employer and reflect the quality of the insurance product purchased. We have no control over the terms of your contract, the method of reimbursement, or the determination of your benefits. Some and perhaps all of the services can be defined by your insurance company as "not covered", "denied" or "over UCR". The amount of coverage you receive depends on dollars spent by your employer, not the fees of the doctor. As a rule, most insurance companies only cover between 50-70% of usual and customary fees.

Missed Appointment Fee: Our office requires **48** hours notification if you are unable to keep your scheduled appointment. If less than **48** hours notice is given, a \$75 fee will be charged to your account. Families with a history of missed appointments or late cancellations may be dismissed from the practice.

Returned Checks: There is a fee (\$28.00) for any checks returned by the bank.

Monthly Statement: If you have a balance on your account, we will send you a monthly statement. It will show the previous balance, any new charges to the account, finance charge, if any, and any payments or credits applied to your account during the month. Professional fees are the responsibility of the parent or guardian authorizing treatment; we cannot send statements to other persons.

Past Due Accounts: Our office cannot carry balances longer than 60 days, regardless of pending insurance payments. A \$5.00 monthly re-billing charge will be added to all accounts beyond 60 days. A monthly finance charge of 1½%, which is an annual percentage rate of 18%, will be charged on unpaid balances beyond 60 days.

If your account becomes delinquent, beyond 90 days, we will take necessary steps to collect this debt. If we have to refer your account to an attorney or a collection agency, you agree to pay a fee of \$75 plus all of the collections costs incurred for such enforcement.

Divorce: In case of divorce or separation, the responsible party prior to the divorce or separation remains responsible for the account. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Effective Date: Once you have signed this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.

This is an agreement between All Kids Dental P.C. and the Patient/Debtor named on this form. In this agreement the words "you," "your" and "yours" means the Patient/Debtor. The word "account" means the account that has been established in your name for your child to which charges are made and payments are credited. The words "we," "us," and "our" refer to All Kids Dental, P.C.

By executing this agreement, you are agreeing to pay for all services that are received.

Signature of Parent/Guardian

Date