

FINANCIAL and APPOINTMENT POLICY

We are pleased to welcome you to our practice. Our desire is to provide you with the highest quality dental care in a caring and enjoyable atmosphere. It is our policy to make definite financial arrangements with you before any treatment starts. Below is an explanation of our payment procedures. If you have any questions, please do not hesitate to ask.

1. Payment for services is due at the time services are rendered. We accept cash, checks, and credit cards (VISA, MasterCard, Discover, American Express and Care Credit Payment Plan).
2. If you have insurance we will gladly process your claim. **We request that you pay your ESTIMATED portion when services are rendered. Any amount not covered by your insurance or any difference in the estimated portion is the parent's or guardian's responsibility.** Our office will file your insurance a maximum of **two times** per appointment. **The office will accept assignment for only the primary insurance coverage** and any secondary insurance payment will be sent directly to the patient. We will gladly provide you with a receipt for secondary insurance filling.

If the claim is not paid by your insurance carrier within 30 days, you will be responsible for the full balance and any further insurance appeal is your responsibility. We will be happy to provide you with a claim form so that you can follow up on your child's insurance claims personally.

3. You must provide the office with a dental insurance card with the proper mailing address of the insurance company. If we are unable to verify your insurance prior to the time of your child's appointment, you will be responsible for payment of all fees.
4. You will be responsible for paying your deductible and co-payments at the time of service. **You are 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.** Your insurance benefits are a contract between you and your employer. The amount of coverage you receive will depend on the quality of the plan purchased by your employer, not the fees of the dentist.
5. **After 30 days all unpaid balances become past due regardless of whether insurance is pending.** A service charge of 1½ percent per month (18% per annum) - \$3.00 minimum - will be assessed on any unpaid balance. In the event we have to initiate collection proceedings to collect a past due account, the parent/responsible party agrees to be responsible for the costs of collections including reasonable attorney fees.
6. There will be a \$30.00 service charge for all returned checks.
7. **The parent (legal guardian) accompanying the child is responsible for payment independent of what a divorce decree may state. Reimbursement must be made between the divorced parents. We will not intervene.**

We reserve time in our schedule especially for your child and in consideration of others, **WE REQUEST AT LEAST 48 HOURS' NOTICE PRIOR TO CANCELLATION OF APPOINTMENTS.** We do understand that there are circumstances that may prevent you from keeping your child's appointment. However, with providing us as much notice as possible we may be able to contact another family who would like that appointment time. Afternoon appointments fill quickly, and canceling with less than 48 hours' notice does not allow us enough time to schedule another patient in need of treatment.

WE RESERVE THE RIGHT TO CHARGE A \$50.00 FEE FOR ANY MISSED APPOINTMENT OR UNDER 48/HOUR NOTICE. Patients that are running late are asked to call the office as soon as possible to check with the staff if they will still be able to keep their appointment.

Patients may have their appointment rescheduled if they are more than 15 minutes late for their appointment time which is out of respect for the on-time patient that follows. A \$50.00 fee for the missed appointment would apply.

Appointments cancelled with less than 48 hours' notice on a school holiday or an after school time will NOT be rescheduled on another school holiday or after school appointment time, as they are the most popular appointments.

AUTHORIZATION

- 1) I authorize Dr. Sonja A. Jarmoszuk and staff to release any information concerning my child to our insurance company
- 2) I have read & accept the above Financial Policy understand it and agree to the terms set forth regarding payment.

Signature of Parent or Responsible Party

Printed Name

Date