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kids-Smile
CHILDREN'S DENTISTRY

50 Route 111
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OUR FINANCIAL POLICY

Thank you for choosing us as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you read and sign prior to any treatment.

1- REGARDING INSURANCE PLANS WE PARTICIPATE WITH:

You are responsible for co-pays and deductibles at the time of service. There may be an adjustment between insurance fees allowed and our fees, which we will deduct. You will receive a bill for the benefits that are not covered by your insurance company.

2- REGARDING INSURANCE PLANS WE DO NOT PARTICIPATE WITH:

You are responsible for co-pays and deductibles at the time of service. If we **CAN NOT** assign benefits to us we require full payment at the time of service. If we **CAN** assign benefits to us, we will require your estimated portion for services rendered on the day of treatment. Any balance owed after receipt of payment from your insurance carrier will then be billed to you.

3- REGARDING PATIENTS WHO HAVE NO INSURANCE:

FULL PAYMENT IS DUE AT TIME OF SERVICE, UNLESS OTHER FINANCIAL ARRANGEMENTS HAVE BEEN MADE WITH THE BILLING DEPARTMENT.

4- REGARDING ALL INSURANCE PLANS:

We cannot bill your insurance company unless you give us your insurance information and an original claim form, if necessary. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Therefore, please be aware that some, and perhaps all of the services provided may be non-covered services and not considered reasonable and necessary by the dental insurance company.

5- MINOR PATIENTS-(CHILDREN UNDER AGE 18 YEARS OLD):

The parent or guardian accompanying a minor is responsible for full payment. We **DO NOT** treat unaccompanied minors.

X_____ DATE_____
Signature of patient or responsible party

X_____DATE_____
Signature of patient or responsible party