



FINANCIAL RESPONSIBILITIES

WE WELCOME YOU TO OUR DENTAL OFFICE AT KID! Thank you for choosing us as your child's dental health care provider. Our office prides itself on the motto "We inform before we perform". After your child's first visit we will put together and phase for you, your child's recommended treatment plan, including issues that require immediate attention, your options and further necessary treatment in the near future. Any treatment necessary other than outlined in your child's dental treatment plan, will be discussed with you prior to being performed.

We are committed to the success of your child's treatment! Please understand that payment is expected at the time of service. The following is a statement of our **Financial and Insurance Policies** which we require you to read and sign prior to any dental treatment on your child. You as the responsible party must provide us with your Social Security number and a copy of your Drivers License and the child's Insurance Card.

Patients without Insurance: Are required to pay for services rendered on the day of treatment. We accept cash, personal checks, Master Card, Visa, Discover & American Express.

Medicaid and HMO Insurance: We will gladly file your insurance claim for you, however, you will be required to pay the **ESTIMATED** patient portion due, deductible and/or co-payments at the time your child's dental treatment is rendered. We are taking on the responsibility of waiting for the insurance payment and can never guarantee what an insurance company will pay toward your child's service, regardless of the breakdown we received from the insurance company *prior* to the appointment. If predeterminations are required for any service we will be happy to submit prior to treatment and go over what they can do for you and your child.

Financial Arrangements: We offer in-house arrangements for up to 3 months. For those parents/guardians who prefer to make smaller, interest-free payments over an extended period of 18 months, we also offer financing with Care Credit Please speak to our office manager for any of the above financing options.

Missed or Broken Appointments: We require a 24 hour notice if you cannot make your child's appointment. Otherwise, you may be charged for a missed or broken appointment. We confirm your child's appointments in advance, however, this is only a courtesy. The time we reserve is especially for you and your child! If missed or broken appointments occur we cannot see others who need our dental services.

Collection and Attorney Fees: If for any reason, financial arrangements are broken and insurance did not pay their portion for the completed treatment, I, being the responsible party will be responsible for the balance due. Otherwise, I will be responsible for 33% added to my child's balance for the collection agency C-Tech Collections. I will also be responsible for costs and attorney fees associated with the collection of the outstanding monies due and payable to Healthcare Solutions, LLC.

(Printed Name of Responsible Parent/Guardian)

(Date)

(Signature of Parent/Guardian)

(Date)