Clintonville
PEDIATRIC DENTISTRY

OFFICE POLICIES

DENTAL INSURANCE

As a courtesy to our patients, we will be happy to complete and forward insurance forms relative to the dental treatment. However, in order to avoid misunderstandings, please read carefully and understand the following policies in regard to dental insurance benefits:

Our professional treatment is rendered to you, not he insurance company. You are responsible to us for the obligation of payment for treatment.

However, to serve and assist you in utilizing your dental insurance this office accepts assignment of your benefits. It is your responsibility to assign payment to this office and you are responsible for balances not covered by your policy ON THE DATE OF SERVICE. Any co-payment that is figured prior to the insurance company making payment is an estimate only. If your insurance company either denies the claim or pays less than estimated, you are responsible for the balance. If your insurance company has not paid us within 30 days, it will be assumed that they are not going to make payment on your account and you will be billed for the entire amount.

Please understand that the amount to be paid by your particular policy is pre-determined and agreed by your employer and the insurance company. If you have questions about the amount the plan will pay or the treatments your plan will cover, you should refer these questions to your insurance company. We will do our best to help you derive the maximum benefits available, however, we are not responsible for determining what those benefits are to be.

Please remember that dental insurance is designed to assist people to obtain dental care and rarely covers more than one third to one half of the total cost of service. There may be a deductible, a co-insurance factor, and a yearly maximum to be considered.

Most policies cover what they consider a "usual and customary fee." However, the insurance company sets these fees and they are not always the same as the fees that may be charged in this office.

All of these factors may combine to reduce the benefits you will ultimately receive. We will do our best to see that you receive your full benefits within the structure of your particular dental plan. However, ultimate responsibility for payment is yours and financial arrangements must be defined before dental treatment can begin.

FINANCIAL POLICY

Thank you for choosing Clintonville Pediatric Dentistry as your child's dental care provider. We are committed to their dental health. The following is a statement of our financial policy which we request that you read and sign prior to any treatment.

Cash, check, Visa, and MasterCard are accepted as payment.

Your insurance cannot be submitted for payment unless all insurance information is received. Our customary fee will be filed with your insurance carrier and you will be responsible for all of the remaining balance not covered.

Should your account become over 90 days past due, interest charges will begin to accrue. All uncollectible accounts are reported to a collection agency.

The parent accompanying the child is responsible for full payment regardless of legal custody of a child.

BROKEN APPOINTMENT POLICY

We ask that appointments be cancelled or rescheduled at least 24 hours in advance. If proper notice is not received, we reserve the right to charge a $35 broken appointment fee.

By signing below, I have read, understand, and agree with the above statements.

Patient's Name: _____ Patient's DOB: _____

Printed Name: _____

Signature: _____

Relationship to Patient: _____