

MARLBOROUGH VILLAGE PEDIATRIC DENTAL CARE

FINANCIAL POLICY

*Thank you for choosing our office for your child's dental needs! Please take the time to read the following and **initial each statement.***

_____ Full payment is due at the time of treatment unless previous arrangements were made PRIOR to the start of any treatment.

_____ Insurance balances are ultimately your obligation. We will file most primary insurance claims as a courtesy and no cost to you. However, insurance balances that are not paid within 60 days may be billed to you. Please keep your walkout statements and follow up with your insurance carrier to ensure prompt payment.

_____ Some treatment may not be covered by your insurance plan. Our providers do not dictate their treatment recommendations based on what insurance carriers will or will not pay; rather their treatment plans are based on the treatments best indicated for your child. The cost for any charges not covered is your responsibility.

_____ Major services may require a deposit equal to one half of the estimated patient portion at the time the appointment is made.

_____ Patients are asked to confirm/cancel their appointments at least 48hr in advance by directly calling the office or responding to our confirmation attempts. Failure to do so could result in a charge to you for the missed appointment reserved for your child.

_____ Patient balances that go unpaid for 30 days or more may incur one or more of the follow charges: ***interest charges of 1.5% or 18% APR and collection fees (up to 42% of the full balance) as well as legal fees for collection services.***

Signature of Parent/Legal Guardian

Date

Printed Name

Witnessed By