

Our Financial Policy

Thank you for choosing All About Kids Dentistry for your child's dental needs. We are committed to providing your child with excellent dental care, while being successful in your child's treatment. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment. Please understand that this financial policy is enforced to keep costs at a reasonable level, thus preventing frequent fee increases. This also allows us to concentrate on what we do best...**caring for your child.**

Full payment is due at the time of service.

We accept cash, checks, or credit card including: Visa & MasterCard

A three-month payment plan is available free of finance charges. (for fees over \$300.00)

Total patient obligation may be divided as follows: 50% due at the first treatment visit, with remaining balance split into two equal payments, due 30 and 60 days after the first treatment visit.

Note: balance payments will be written at the initiation of treatment. Post-dated for 30 and 60 days. (check form or credit card slip)

Insurance: Our office is committed to helping our patients maximize their benefits. We may accept assignment of traditional primary insurance benefits; however, we do require deductibles and patient portion be paid at the time of service. The balance is your responsibility. Please understand your insurance policy is a contract between you and your insurance company. As a dental provider, we are not a party to that contract nor are we responsible for procedures that are not covered. We must have complete and up to date insurance information in order to bill your insurance company on your behalf. In the event that your insurance company has not paid their portion within 60 days, the balance will become your responsibility. The quality of insurance policies vary greatly therefore we can estimate your coverage in good faith but can not provide any guaranteed coverage due to the complexities of insurance contracts.

Finance Charges: A finance charge will be billed to any account in which the balance remains unpaid for 60 days without payment arrangements. This monthly fee will equal 18% APR.

Missed Appointments: Once an appointment has been made, please remember this time has been reserved specifically for your child. Ultimately, the proper timing of your child's treatment has a great effect on the final predictable result of your child's health care. Therefore we strongly urge that you do not change or cancel appointments. We see that patients who fail appointment protocols and delay proper care, be it restorative or preventive visits, require more extensive and expensive treatment. Be advised that the policy of this office is to charge \$25.00 for a missed appointment unless canceled by contacting one of our staff 2 business workdays prior to their appointment. We have other patients on waiting lists and need adequate lead time to schedule them into any earlier times that become available.

Returned checks: If a check is returned NSF, there will be a \$25.00 charge and, from that point on, checks will not be accepted.

I, the undersigned, assume financial responsibility as stated above and assume all responsibility for all collection and legal fees if my account becomes past due. I have read, understand, and agree to this Financial Policy.

Date: _____

X _____
Signature of Responsible Party