



## FINANCIAL RESPONSIBILITY & APPOINTMENT POLICY

Thank you for choosing Great Beginnings Pediatric Dentistry for your child's dental home! We are pleased to welcome you to the practice! We know how important the health of your child is, and we are grateful you have entrusted us with their care.

**It is our policy to make definite financial agreements with you before any treatment starts. Please understand that payment of your bill is considered a part of your child's treatment.**

**Financial Responsibility:** All co-payments and deductibles are to be paid the date services are rendered. You are responsible for paying all charges not covered by your insurance company, including all fees considered above your insurance carrier's usual and customary fee schedule. Your insurance benefits are a contract between you and your employer. The amount of coverage you receive depends on the type of plan chosen by you and/or your employer. For your convenience we accept personal checks, cash, Visa, MasterCard, Discover and American Express. There will be a \$30.00 service charge for all returned checks. **Please be aware that the parent bringing the child to Great Beginnings Pediatric Dentistry is legally responsible for payments of all charges. Independent of what a divorce decree may state, we cannot send statements to other persons.**

**Dental Insurance:** We strongly encourage you to thoroughly review your insurance plan and guidelines/booklets prior to each appointment. As a courtesy to our patients, if we have received all of your insurance information by the scheduled appointment date, we will gladly process your claim. **We request that you pay your ESTIMATED portion when services are rendered. Any amount not covered by your insurance or any difference in the estimated portion is the parent's or legal guardian's responsibility.** Our office will file your insurance a maximum of **two** times per claim. We will only file secondary insurance claims to our in network plans, **Anthem PPO and Delta Dental**. For other secondary insurance plans, we will gladly provide you with an insurance claim form to submit. **If a primary or secondary claim is not paid by your insurance carrier within 45 days, you will be responsible for the full balance and any further insurance appeal is your responsibility.**

**Appointments:** In consideration of all our patients, we request at least 48 hours' notice prior to change of appointment. We reserve the right to charge a \$50.00 fee for any missed appointments or cancellation/change made with less than 48 hours' notice. If your child misses two appointments, an appointment reservation fee of \$50.00 will be required and collected before future appointments. We also request a \$50.00 reservation fee if two or more family members have treatment on the same day.

**Late Arrivals:** We strive to provide our patients with the best possible care. Late arrivals cause schedule delays for other patients and reduces the amount of time we have to address your child's needs. We will always do our best to accommodate late arrivals into the schedule if time permits, but please be aware that if all treatment cannot be completed in the time allotted, your child will be re-appointed for another scheduled time. During the school months, late afternoon and early morning appointments are in high demand. We do our best to reserve these hours for the school-aged patients, and we ask all of our patients to understand when we need to appoint during school hours. We will gladly provide you with an excusal note for the school.

- I authorize Great Beginnings Pediatric Dentistry to release any information concerning my child to our insurance company.
- I have read Great Beginnings Pediatric Dentistry's Financial and Appointment Policy and agree to the terms set forth in its contents.

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_