Insurance / Payment Policies

In order to provide the best dental care for your child, this office will perform a full mouth examination, take x-rays, cleaning and apply fluoride to your child's teeth as recommended by the American Dental Association. It is your responsibility to know your insurance coverage benefits and to inform our office staff if you do not want this service.

A dental benefit plan helps you pay for the cost of your child's dental care. It is a contract between your employer, or plan sponsor, and a third party (insurance company). These contracts vary widely. It is designed to share in your dental care costs and may not cover the total cost of your bill.

Having a dental insurance is not a guarantee of payment. Payment is sometimes denied due to eligibility and plan coverage of certain procedures. It is ultimately the responsibility of the insured to make payment for any dental services rendered to your child that are not paid by the insurance plan after 45 days of the date of service.

Any disputes are between the insured (yourself) and the insurance company.

Filing insurance is a courtesy this office extends to its valued patients. However, you must provide us with your current insurance information and your insurance card at the time of appointment. **We do not file secondary insurance.**

If your insurance plan has a co-payment, deductible or co-insurance, such co-payment, deductible and/or co-insurance will be collected at the time of your appointment. It is not the policy of our office to bill for services rendered.

If you are a private pay and we are not filing insurance, payment in full is expected at the time services are rendered.

This office will assess a 1.5 % late fee to your account for every month that your balance remains outstanding.

If you have questions regarding your dental plan, or a problem with a reimbursement level, it is your responsibility to contact your employer or insurance company.

I fully acknowledge, understand and agree to the above terms regarding filing of my dental insurance and payment of services rendered.

Parent/Guardian signature Date