

# OAK HARBOR PEDIATRIC DENTISTRY

## FINANCIAL AGREEMENT

Our goal at Oak Harbor Pediatric Dentistry is to help you make the best decisions concerning our child's dental health and to provide quality dental care. At your child's visit we will discuss proposed treatment, cost involved and any alternative treatments. We will gladly answer all questions until you are completely satisfied. Estimates given regarding your child's treatment are valid for 90 days. If treatment is not begun within 90 days, your child will need to be reevaluated. Once treatment has begun, changes in the anticipated treatment may be required. You will be informed if this occurs and given the option of continuing, changing, or canceling treatment.

We are happy to assist you in receiving the maximum benefits from your insurance company. Please be aware that insurance is a contract between you and your insurance company and/or employer. It is the insurance company that decides what benefit to pay. Although we estimate the benefits for you, we cannot guarantee the amount the insurance company will pay. Upon request, we will file a predetermination of benefits, but be aware this may take up to 60 days before the insurance company responds to our request, resulting in a delay of treatment for your child. If there is a dispute with your insurance company, we will assist you in resolving the problem, but the responsibility for resolving the problem remains with you, the subscriber. During this time, we will expect payment of your account.

Payment for the estimated amount not covered by insurance is due on the day of treatment. We accept cash, check, Visa, Master or Discover Card. Please advise us of your payment concerns prior to your child's visit. Once the insurance company has processed your claim, we will advise you of any differences and will refund any over payment or send you a statement for any remaining balance due. Payment for any balance is due upon receipt of our statement. Please be aware that any unpaid balance is subject to a 1% monthly finance charge. There is also a \$40 finance charge for any checks returned for none sufficient funds.

It is important for you to keep scheduled appointments for your child, as we have reserved the appointment time for them. Failure to show for the appointment increases the cost for everyone and delays treatment for both your child and others. Please call us at least 24 hours in advance to cancel the appointment or as soon as possible in the morning if your child is ill. Failure to keep a scheduled appointment will result in a cancellation/no show fee as follows:

- \$25 per patient for Exams and Cleanings
- \$50 per patient for Sealants
- \$100 per patient for Restorative and Surgical

I authorize Oak Harbor Pediatric Dentistry to release to my insurance company any information from my child(ren)'s dental records relating to an insurance claim. I authorize payment directly to Oak Harbor Pediatric Dentistry of any insurance benefits available. I accept full responsibility for my child(ren)'s account, regardless of my ability to be reimbursed by an insurance company, ex-spouse or any other third party.