

Childrens Dentistry

Specialists for Infants, Children, and Adolescents

FINANCIAL AGREEMENT

To our valued patients:

In order to keep our fees as low as possible, we have implemented the following policies.

- If the patient does not have dental insurance, payment in full is expected on the day of service, unless other arrangements have been previously made.
- If the patient does have dental insurance, the responsible party will need to path the patients portion and deductible on the day of service; the insurance will be billed as a courtesy, however, please be aware, if the insurance does not pay within 60 days, payment in full is expected from the responsible party. We bill to over 600 insurance companies.
- I understand it is my responsibility to know and understand my benefits, and that fees quoted in our office are only estimates. I am responsible for anything that my insurance does not cover.
- Please be aware that some insurance policies do not fully cover Resin (white) fillings. Often times they down-grade it to the Amalgam (silver) fillings and there may be an out-of-pocket cost for you. I understand that I am responsible to know what my insurance plan will cover.
- When scheduling an in office sedation, a \$100.00 non-refundable deposit to Dr. Nelson is required at the time the appointment is scheduled. I understand that my insurance may not cover this charge. A sedation fee of \$350.00-\$450.00 per hour is due in full on the date of service. I understand that I am responsible for billing my insurance for the anesthesia re-imbursement. If I miss a sedation appointment, or cancel without a 24 hour notice, I understand that my deposit is non-refundable.
- Upon examination, the doctor will prepare a treatment plan. The treatment plan is only an estimate of the dental care required and should not be construed as a statement of actual charges.
- There will be a \$25 return check fee assessed to your account on all returned checks.
- Finance charges of 18% will be added to all accounts over 60 days.
- The responsible party agrees to pay all attorney fees and courts costs associated with collecting payment for services rendered. Collection fees of 50% are added to the account when it is turned over to an agency.

I have read and understand the above policy and agree to abide by this policy

Signature of Parent or Legal Guardian

Date

