

STURZ & ABBY PEDIATRIC DENTISTRY

Financial Policy

We are pleased to welcome you to our practice. Our desire is to provide you with the highest quality dental care in a caring and enjoyable atmosphere. ***Our goal is to provide you the best estimate of cost based on the information we have received from you and your insurance prior to dental visits.*** Below is an explanation of our payment procedures. If you have any questions, please do not hesitate to ask.

1. Your estimated share of cost for services is due at the time services are rendered. We accept cash and debit/credit cards.
2. For new patient emergency visits we require payment in full at the time of the appointment.
3. As a courtesy, we will bill multiple insurance carriers for you and will accept assignment of benefits as applicable. Note that certain insurances do not allow assignment of benefits for out-of-network providers. In that case, insurance reimbursement will be paid directly to the subscriber and the full cost of services will be due at time of service.
4. Our office will file your insurance claim a maximum of **two times** per appointment.
5. **If the insurance claim is not paid by your carrier within sixty days, you will be responsible for the full balance and further insurance appeal becomes your responsibility.** We will be happy to provide you with a claim form so that you can follow up on your insurance claims personally.
6. If insurance benefits are assigned to the doctor, you will be responsible for paying your deductible and co-payments at the time of service. **You are responsible for paying all charges not covered by your insurance company, including all fees considered above your insurance company's usual and customary fee schedule.** Your insurance benefits are a contract between you and your employer. The amount of coverage you will receive will depend on the quality of the plan purchased by your employer, not the fees of the doctor.
7. **The office cannot carry balances longer than 90 days;** regardless of if the insurance payment is still pending.
8. After 90 days, we will inform you of the delinquent account by statement and if no action is taken on your part to clear the account, this office will be required to employ a collection service to collect payment. The responsible party agrees to pay all reasonable, related collection fees. All patients with accounts sent to collections will be inactivated and future appointments will be canceled until accounts are paid in full.
9. There will be a \$25.00 service charge for all returned checks.
10. **The parent or guardian who brings the child for their visit is responsible for payment independent of what a divorce decree or custody arrangement may state.**

AUTHORIZATION

I have read & accept the above Financial Policy. I understand it and agree to the terms set forth regarding payment.

Printed Name: _____

Signature of Responsible Party: _____

Date: _____