

KIDS ROCK! PEDIATRIC DENTISTRY FINANCIAL POLICY

Thank you for choosing Kids Rock! Pediatric Dentistry as your child's dental provider. Please understand that payment of your bill is considered a part of your child's treatment. The following is a statement of our Financial Policy, which we require you to read, **initial and sign** prior to any treatment.

Please
Initial

REGARDING INSURANCE

We are out-of-network with all dental insurance plans. As a service to our patients, we can bill most dental insurance companies. While providing this service for our patients, it is impossible for us, and our Doctor, to be aware of the multitude of individual coverages for each of these plans. Each plan has its own stipulations regarding the coverage and payment for dental services. Within the same insurance company, plans may differ depending upon the specific contract you or your employer may have with your insurance carrier. It is each patient's responsibility to know the details of his/her individual plan. Payment we collect from you at the time of treatment is an estimate of your expected share based on the information available to us.

When we receive an insurance payment, it will be reflected on your account. You are then responsible for any remaining balance. If your insurance company has not paid the account in full within 60 days, the balance will immediately become your responsibility. Please be aware that some and perhaps all of the requested services provided may be non-covered services.

WE ACCEPT CASH, CHECKS, VISA, AND MASTERCARD

Please
Initial

USUAL AND CUSTOMARY

Our practice is committed to providing the best treatment for our patients, our standards are high and our fees are fair. We charge what is usual and customary for our area. You are responsible for the difference regardless of any insurance company's arbitrary determination of usual and customary rates.

Please
Initial

CANCELATION POLICY

If you need to cancel an appointment, we ask that you do so at least 24 hours in advance so that we can make the appointment available to another patient. Unless cancelled at least 24 hours in advance, we reserve the right to charge for missed appointments at the rate of \$25. Please help us serve you better by keeping scheduled appointments.

I have read, understand, and agree to the Financial Policy for Kids Rock! Pediatric Dentistry.

Child(ren)'s Name(s): _____

Signature of Parent or Guardian _____

Date _____