**Clayton Pediatric Dentistry Financial Policy**

Thank you for choosing us as your child’s dental home. **Your child’s oral health is our main concern.**To avoid possible misunderstandings, we are providing you with our financial policy, which applies to all patients that you bring to CPD. Questions or concerns? Please ask.

Payment is due at the time the services are rendered.Cash, checks, and all major credit cards are accepted. An application for our patient financing companies, CareCredit and BeWell is available. We also offer our in-house discounted service plan - Smile Savers – for those without dental insurance.

**Please initial below to show that you understand and agree to the following**:

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Parents or guardians that accompany minor children are responsible for the charges incurred that day. Guarantors (persons who sign this agreement) are responsible for balances on the family account.

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All charges are your responsibility, whether your insurance company pays or not. Some services are not covered benefits. Your employer selects coverage, services and how much insurance will pay. Verify dental coverage prior to your appointments. We **estimate** your out-of-pocket cost for you, given the information we have at that time. Your insurance company determines what is paid when the claim is filed, which may change at any time and is not guaranteed. **Ultimately, you are responsible for any balances not paid by your insurance.**

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Know your plan benefits and limitations to avoid surprises. Your insurance plan is a contract between you, your employer and the insurance company, not us. We offer assistance navigating your insurance benefits, but cannot guarantee accuracy or results. For information on your plan benefits and limitations, please contact your insurance company and employers Human Resource department.

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We file the claim on your behalf. All insurance benefit payments will be assigned directly to CPD. You grant CPD permission to exchange information with your insurance company and their associates related to your child’s appointment here and their dental condition. With benefit assignment, should payment still be sent to you, you will remit payment to us within 10 days. If benefit payments are not assigned, payment in full is required at the time of service.

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Accounts are reviewed monthly. Account balances older than 30 days may be subject to fees and collections. A 1.5% monthly finance charge may be added to your account on unpaid balances. If your account goes to collections, you may incur a 35% collection fee and may be dismissed from our practice. When unpaid balances or payment arrangements are not met, we may see your child on an emergency basis only, for a limited time.

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We understand that temporary financial problems may affect the timely payment of your balance and need you to tell us. We will gladly work with you as best we can. Our aim is to help your child be healthy. We want to continue our good relationship while we work through financial concerns together.

**I have read, understand and agree to this financial policy.**

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Guarantor Printed Name Guarantor Signature Date

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Witness Date

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