

PIMA PEDIATRIC DENTISTRY

FINANCIAL POLICY

Thank you for choosing Pima Pediatric Dentistry as your child's oral health care provider. We would like to assure you that we will do our best to provide your child with the highest quality pediatric dental care possible in a caring, compassionate child-friendly atmosphere. In order to eliminate any confusion, the following represents the financial policies followed by Pima Pediatric Dentistry. Please read this Financial Policy carefully. Please understand that this Financial Policy is enforced to keep costs at a reasonable level, thus preventing frequent fee increases. Should you have any questions, please ask. Having open lines of communication allows us to concentrate on what we do best . . . *provide quality dental care for your child.*

PATIENTS WITH VERIFIABLE INSURANCE COVERAGE

Insurance coverage is a contract between you, the patient (or parent) and the insurance company. The terms of that contract determine the amount of coverage (benefit) you have for any procedure or visit. As a courtesy to you, we will be glad to assist you in obtaining the appropriate benefit from your insurance carrier by completing your insurance forms and mailing (or electronically filing) it with your insurance provider. We must have accurate and up-to-date insurance information in order to bill your insurance company. We require that you pay any deductibles and co-payments at the time of service. We also require that you pay the estimated portion of your treatment (that portion the insurance carrier is not expected to pay) prior to, or at each visit. As treatment is completed, we will bill your insurance carrier for the services rendered. In the event your insurance carrier has not paid their portion within forty-five (45) days, the full balance becomes your responsibility.

Should you request in writing that we do so, we will request a pre-estimate of benefits from your insurance carrier. Routine treatment is generally performed without submitting a request for pre-estimate of benefits.

Certain patients have double coverage (this is possible if more than one party has dental insurance) - we will only bill the primary carrier for services rendered. However, as a courtesy to you, we will submit to the secondary carrier after your account has been paid in full.

PATIENTS WITHOUT INSURANCE COVERAGE OR WITH INSURANCE WE DO NOT ACCEPT

Patients without insurance coverage or with insurance coverage we do not accept are expected to pay in full for services as they are rendered. We accept many major credit cards as well as personal checks and cash. We generally do not extend credit to patients; instead we ask that patients use the services of some outside financing company such as CareCredit.

ADDITIONAL TERMS

Missed appointments: Appointments canceled with less than 24 hours notice are subject to a \$50.00 cancellation charge. Please help us serve you more efficiently by keeping your scheduled appointments.

Returned Checks: Checks returned by the bank due to insufficient funds are subject to a \$25.00 processing charge. No appointments will be scheduled unless payment is received in full prior to such appointments. Such payment must be by certified check.

Finance Charges: Accounts unpaid after 45 days from the date of service are subject to a finance charge at the rate of 1.5% per month (18% per year).

Unpaid Accounts: Accounts 90 or more days past due may be sent to a collection agency. Should the account be referred to for collection, you will be responsible for collection costs, together with court costs and reasonable attorneys' fees.

Credit Card on File: We require that all patients maintain a credit card on file. If we have filed insurance on your behalf, we may charge your credit card for any balances unpaid after 45 days from the date of treatment.