

Pediatric Dentistry of Garden City/Syosset

FINANCIAL POLICY

We are delighted to welcome your child to our practice and we are pleased that you have chosen us to serve your child's dental needs. The following is a statement of our financial policy which we require you to read and sign at the bottom of this page.

**PAYMENT IS EXPECTED AT THE TIME THAT SERVICES ARE RENDERED
AND IS THE RESPONSIBILITY OF THE ACCOMPANYING ADULT.**

Payment methods: we accept all major credit cards, personal checks*, cash.

*All returned checks are subject to a fifty dollar (\$50.00) service charge.

DENTAL INSURANCE

We are in-network providers with Delta Dental. We are considered out-of-network providers with other insurance plans. We are please to accept payment directly from your PPO insurance – please verify with our staff if you are not sure if your insurance provider is included in this policy. What your insurance doesn't pay is the patient/parent's responsibility (you are responsible for the difference in what they pay). We do not participate with any HMO/DMO or Medicaid plans. *At times an estimated co-payment is requested from you at each appointment as service is rendered. This is determined by your benefits within your plan, not our office.*

Please understand that we file dental insurance as a courtesy to our patients. We are not responsible for how your insurance company handles their claims or for what benefits they allow on a claim. We can only assist you in estimating your portion of the fees. We cannot guarantee what your insurance will pay for each claim nor can we assume responsibility for the accuracy of any insurance information. It is your responsibility to understand your insurance policy and terms.

You are responsible for payment of any balance due not paid by your insurance company, including unpaid deductible amounts. Although we try our best to estimate as accurately as possible, the final amount your insurance will actually pay is not determined until they issue a claim check to us. If there is an outstanding balance to your account past due 90 days we have the right to send the account to a collection agency and your account balance plus any fees incurred from attempting collection will be owed. Please help us avoid this by paying your portion promptly.

MISSED APPOINTMENTS

We ask for your utmost courtesy regarding your scheduled appointments. If you are unable to keep your child's appointment *please allow at least 24 hours* prior to the appointment time if you must cancel or reschedule. We understand that unforeseen emergencies do occur, however, we reserve the right to charge a \$50.00 fee for repeated last minute cancellations and broken appointments. **TWO OR MORE CONSECUTIVE BROKEN/NO SHOW APPOINTMENTS WILL RESULT IN DISMISSAL FROM THE PRACTICE.**

BY SIGNING BELOW, I UNDERSTAND AND AGREE TO THIS POLICY.

Parent's Signature _____ Date _____