

Pettinato Children's Dentistry

FINANCIAL POLICY

We are committed to providing the best possible care for your child. In order to achieve this goal, we need your assistance and your understanding of our payment policy.

Payment for service is due upon completion of treatment. We accept cash, checks, Discover, MasterCard, or Visa.

If you have dental insurance, we are motivated to help you receive your maximum allowable benefits. Once your complete insurance information is on file, we will be happy to submit your claim to your insurance company. We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize, however, your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract. We must emphasize that as dental care providers, our relationship is with you, and not your insurance company. While the filing of insurance claims is a courtesy we extend to our patients, all charges are your responsibility from the date the services are rendered.

24 hour notification of appointment cancellation is required to prevent a missed appointment charge.

All missed appointments (with less than 24-hour notification) will be charged **\$50**.

Fees will be quoted prior to the initiation of treatment. If you do not have dental insurance, the full amount is to be paid prior to treatment being performed. If you have dental insurance, an estimate of your portion of the bill will be due when treatment is performed. You will be responsible for any remaining balance after insurance company pays its portion.

All checks returned for any reason will be assessed a \$35 service charge.

We encourage anyone having temporary financial problems to contact us immediately so we can assist you in the management of your account. Any account over 75 days delinquent will be placed into collections. In the unpleasant event this occurs, you, the parent/legal guardian, will assume ANY AND ALL collection and/or legal costs incurred, in addition to the outstanding balance.

I have read and agree to the above stated policies.

Parent/Guardian Signature

Date